

Utah Department of

Outcomes Report

Results Oriented Information

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INTRODUCTION

Purpose

The Department of Human Services outcomes effort is critical to the Department's ability to answer the following questions:

- Does the Department make a difference in the lives of those it serves, in the communities in which it operates, and as an organization?
- Is the Department operating as efficiently and effectively as possible?

This report focuses primarily on the first question; however, Department agencies are reporting data semi-annually to answer both of these questions. Department agencies are held accountable for their performance on these measures and will use the information to make resource and programmatic decisions.

Process

The Department of Human Services has produced this report for the past six years to highlight the results of Department efforts. In FY00, the Department revised the process for determining which measures to report and the process for collecting and reporting these data based on feedback from its agencies. For the FY00 report, each agency within the Department was asked to identify the data elements they use 1) for decision making and 2) to determine whether their agency is effective. Discussions were held with groups from each agency, including the agency's director and research staff. The measures were then revised, and a number were selected for this report. This process ensured that the measures provided in the FY00 report were meaningful to the respective agencies as well as to the overall Department. Since then, agencies have been refining, adding, or deleting measures to ensure the data reflect the agencies' goals and operations.

At the Department level, staff have been working with agencies to establish a common language regarding the information we collect. We use the following definitions:

Outcome (or result): a condition of well-being for those we serve.

Indicator: A measure that helps quantify the achievement of a result.

Performance Measure: A measure of how well an agency or program service delivery is working.

In previous years, the Department reported indicators and performance measures associated with broad goals but had not identified Department-wide outcomes. During the past year, the Executive Director's Office, working with the agencies in the Department, identified the following outcomes:

- Children, Adults and Families are Safe from Further Abuse.
- Children, Adults and Families live in Safe, Supportive Communities.
- Children and Adult Consumers Have Stable Living Arrangements that Provide Long-Term Nurturing Relationships.
- Consumer Independence/Self-Sufficiency is Maximized.

- Consumer Quality of Life is Improved.
- The Department Maintains Public Trust.
- The Department Delivers Quality Services.

All measures reported in this report help demonstrate the Department's progress toward these outcomes.

Description

This report is organized by Department outcome. The measures are displayed on a single page which includes a graphic showing the data trends, a definition of the measure, an analysis of the data, and the future actions the agency plans to take based on the data.

In general, more than one agency provides services to support each outcome. However, some agencies determined that measures to show support of some outcomes were not as important to them as other measures, so they chose not to present data for these outcomes.

The introduction page to each section will show whether the measures were provided in previous reports or whether they are new measures.

The Divisions of Substance Abuse and Mental Health were merged in September, 2002. They are reported separately in this report because the data represent performance prior to the merger. The new division data will be reported in the FY03 Outcomes Report.

Future Actions

The Department of Human Services and its agencies consider this effort a "work in progress." The Department and its agencies will continue to refine the measures over time to ensure they remain meaningful. In addition, a number of agencies identified measures they would like to report but do not currently have a data source. As new data sources become available and agency priorities shift, measures may be added.

The Department is committed to collecting, analyzing, and using performance data to determine whether the Department's efforts to serve its clients are effective. Any comments or suggestions to this report are welcomed by Robin Arnold-Williams, the Department Executive Director, at (801) 538-4001, or E-mail dirdhs@email.state.ut.us. This report is also available on the Department of Human Services Web Site at www.dhs.state.ut.us.

ACKNOWLEDGEMENTS

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Office of Services Review (OSR)

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A special thank you to all those names above and to all Department staff who contribute to the delivery of services highlighted in this report.

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TREND FROM PREVIOUS YEAR



Indicator Improved from Previous Year
























Indicator Declined from Previous Year
















Indicator Same as Previous Year

OUTCOMES		Change from FY01
<i>Outcome: Children, Adults and Families are Safe from Future Abuse</i>		
Cases with subsequent substantiated allegations within 1 year of case closure. (DCFS)		
Children, previously in custody, re-entering out-of-home care within 6, 12, 18 months. (DCFS)		
Substantiated adult protective services referrals receiving a second referral. (DAAS)		
<i>Outcome: Children, Adults and Families Live in Safe, Supportive Communities</i>		
Average number of arrests after admission. (DSA)		
Youth clients with reduced number of offenses during a 12-month period. (DYC)		
AWOLs from the Youth Corrections system. (DYC)		
<i>Outcome: Child and Adult Consumers have Stable Living Arrangements that Provide Long-Term, Nurturing Relationships</i>		
Children achieving permanency within 12 months of entering DCFS custody. (DCFS)		
Length of time a child spends in foster care prior to adoption. (DCFS)		
Foster care placements per service episode. (DCFS)		
Placements per youth in Youth Corrections. (DYC)		
<i>Outcome: Consumer Independence/Self-Sufficiency is Maximized</i>		
Eligible adults receiving services from DAAS Alternatives, Waiver, and Respite programs. (DAAS)		
Non-public assistance child support cases paying on current orders (where order established). (ORS)		
Total child support paid to parents. (ORS)		

OUTCOMES (cont.)	Change from FY01
Clients employed at discharge. (DSA)	
Adults participating in integrated community employment. (DSPD)	
Educational status of youth (18 and over) who exited care. (DCFS)	
Clients with improved living conditions. (DSA)	
Outcome: Consumer Quality of Life is Improved	
Frequency of use of primary drug at discharge. (DSA)	
Client status from admission to follow-up in Community Mental Health Centers. (DMH)	
Clients whose status improved from admission to follow-up in the Utah State Hospital. (DMH)	
Clients re-admitted to the Utah State Hospital within 6 months of discharge. (DMH)	
Adult clients saying services help them deal more effectively with daily problems. (DMH)	
Consumers meeting the passing criteria for personal outcomes during QE review. (DSPD)	
Outcome: Department Maintains Public Trust	
Total Medicaid collections. (ORS)	
Total Medicaid cost avoidance. (ORS)	
Public assistance child support cases who are paying on current orders (where order established). (ORS)	
Outcome: Department Delivers Quality Services	
► Adherence to Preferred / Best Practices	
Provider agencies meeting criteria for successful results on first review. (DSPD)	
Qualitative case reviews passing the overall score for Client and Family Status. (OSR)	
Cases reaching goal on case process review. (OSR)	
Substance Abuse providers consistently using ASI and ASAM. (DSA)	
Mental health services consistent with preferred practice guidelines. (DMH)	

	Indicator Improved from Previous Year
	Indicator Declined from Previous Year
	Indicator Same as Previous Year

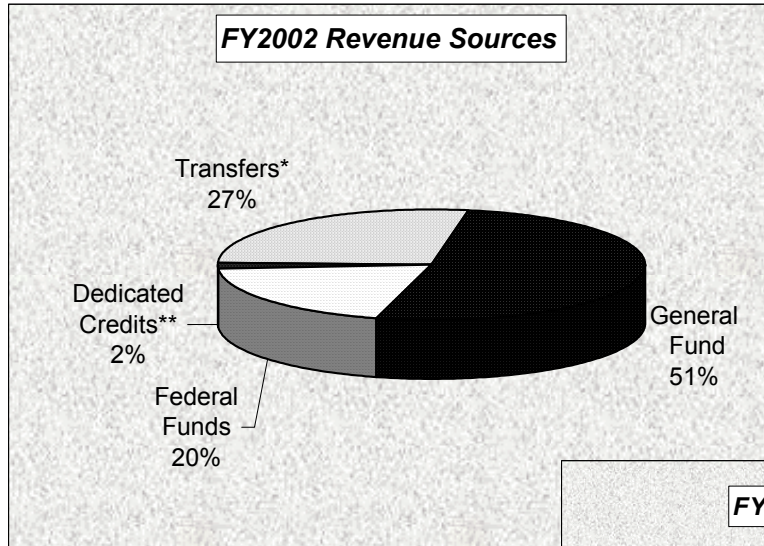
OUTCOMES (cont.)		Change from FY01
► Consumer Satisfaction		
Clients satisfied with services.		
Clients feeling they are included in decisions about services. (DMH)		
Valid complaints to the Office of Child Protection Ombudsman. (OCPO)		
► Consumer Accessibility to Services		
Utah population needing services served by the Mental Health and Substance Abuse Systems. (DMH and DSA)		
Adult clients saying they were able to get services needed. (DMH)		
Children in DCFS custody who have initial health and dental exams within specified time frames. (DCFS)		
► Consumer Responsibility		
Families with children receiving services from DHS who are required to pay support paying on current orders. (ORS)		
Victim restitution paid and community service hours completed. (DYC)		
Substance abuse clients who successfully discharge from treatment. (DSA)		
AWOLs from the Utah State Hospital. (DMH)		
Paternity resolved. (ORS)		
► Staff Management		
Employees satisfied with their employment. (OHR)		
Employees leaving their position at the State. (OHR)		

DEPARTMENT OUTCOMES

- ☐ **CHILDREN, ADULTS, AND FAMILIES ARE SAFE FROM FURTHER ABUSE**
- ☐ **CHILDREN, ADULTS, AND FAMILIES LIVE IN SAFE, SUPPORTIVE COMMUNITIES**
- ☐ **CHILD AND ADULT CONSUMERS HAVE STABLE LIVING ARRANGEMENTS THAT PROVIDE LONG-TERM, NURTURING RELATIONSHIPS**
- ☐ **CONSUMER INDEPENDENCE/SELF-SUFFICIENCY IS MAXIMIZED**
- ☐ **CONSUMER QUALITY OF LIFE IS IMPROVED**
- ☐ **THE DEPARTMENT MAINTAINS PUBLIC TRUST**
- ☐ **THE DEPARTMENT DELIVERS QUALITY SERVICES**

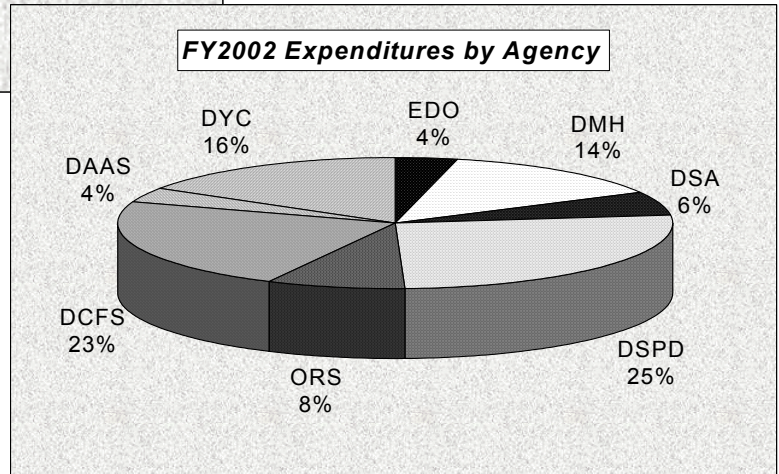
DEPARTMENT INFORMATION

The Budget



* *Transfers (mainly Medicaid from the Department of Health)*

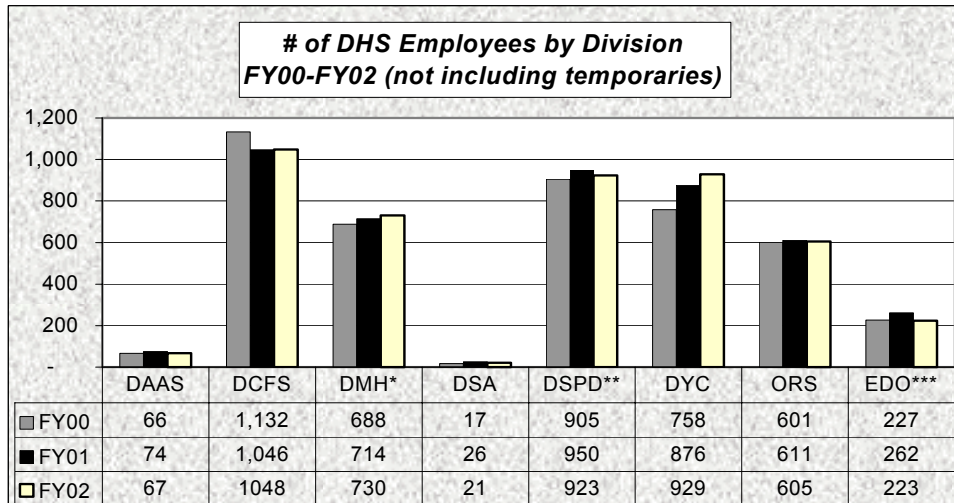
** *Collections from fees, Medicare, Office of Recovery Services, etc.*



FY2002 Expenditures

Aging and Adult Services	\$ 19,986,000
Child and Family Services	\$124,678,100
Substance Abuse	\$ 30,038,300
Mental Health	\$ 73,720,300
Drug Courts	\$ 1,647,200
Services for People with Disabilities	\$143,874,300
Youth Corrections	\$ 87,061,200
Recovery Services	\$ 42,808,900
Executive Director's Office	\$ 19,665,200
Total	\$543,479,500

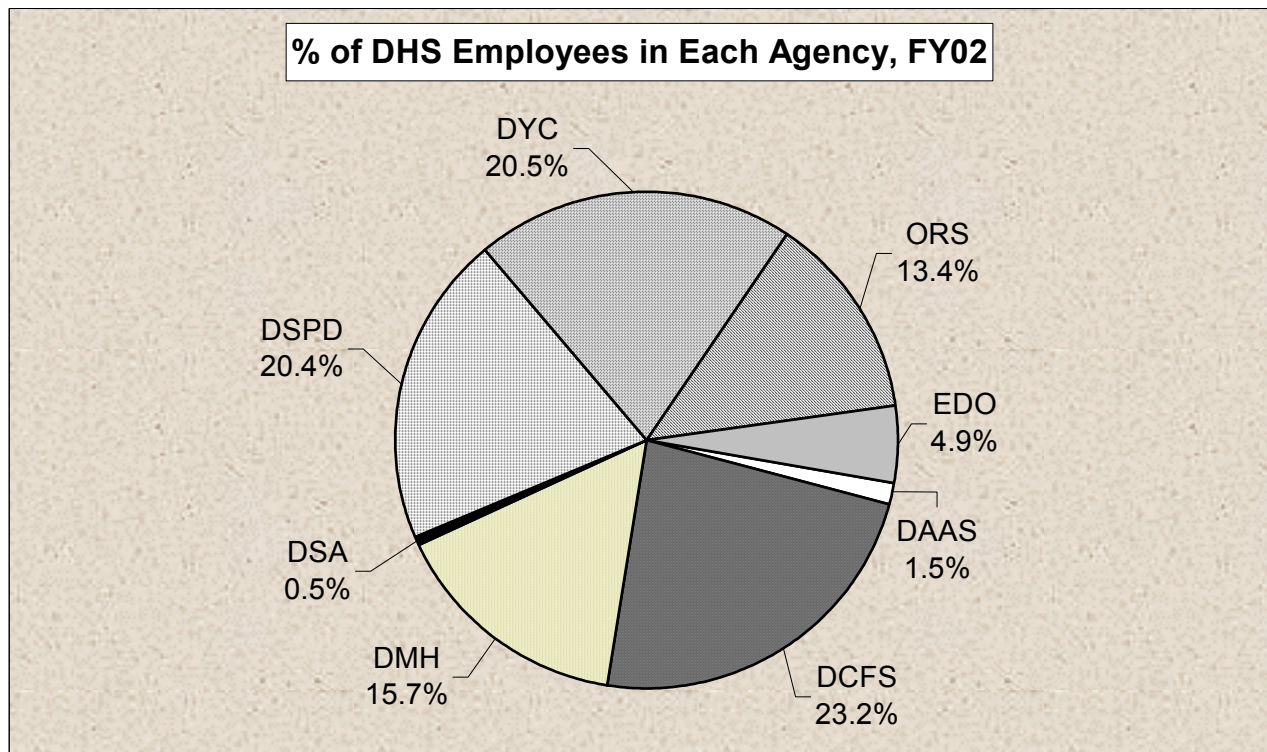
The Staff



* Includes Utah State Hospital

** Includes the State Developmental Center

***Includes the Executive Director's Office, Administrative Support, Technology, Fiscal Operations, Human Resources, and Administrative Hearings.



Clients Served by Programs

The tables below show the number of clients served by major programs within each division. The numbers are unduplicated within programs (each person served by a program is counted only once). However, for some divisions, the numbers are duplicated across programs (a person served by two programs would be counted twice). Therefore, the numbers cannot be added to determine the total number of clients served by the division. Where totals are presented, the division was able to provide an unduplicated number.

Division of Child and Family Services		
	<u>FY01</u>	<u>FY02</u>
Total Served	51,518	53,551
CPS Clients	25,414	26,875
In-Home	27,110	21,654
Foster Care*	3,848	3,679
Foster Care**	2,028	1,950
* <i>Total Served Throughout the Year</i>		
** <i>Number in Foster Care in October</i>		

Division of Youth Corrections		
	<u>FY01</u>	<u>FY02</u>
<u>Total Served</u> (during the year)	8,288	8,310
<u>Average Daily Count</u>		
Secure Detention	304	297
Community Placements	770	792
Observation & Assessment	78	71
Secure Facilities	210	231

Division of Services for People with Disabilities		
	<u>FY01</u>	<u>FY02</u>
Total Served	3,960	4,107
Community Living	1,237	1,306
Day Support	1,399	1,497
Family Support	1,306	1,406
Supported Living	639	667
Supported Employment	917	946

Division of Aging and Adult Services		
	<u>FY01</u>	<u>FY02</u>
Congregate Meals	21,983	22,528
Home Del. Meals	9,161	9,561
Alternatives Program	1,268	1,865
Waiver Program	822	786
Respite Care	312	419
Adult Protective Svcs	2,307	2,057

Division of Substance Abuse		
	<u>FY01</u>	<u>FY02</u>
Total Served	22,962	23,176
Detoxification	2,802	2,865
Residential	3,709	2,955
Outpatient	16,451	16,375
DUI Services	4,025	5,044

Division of Mental Health		
	<u>FY01</u>	<u>FY02</u>
Total Served	42,099	44,202
Outpatient Treatment	37,954	42,651
Day Treatment	4,121	3,376
Residential Support	795	591
Residential Treatment	2,234	2,727
Inpatient Treatment	1,610	1,856

OUTCOMES

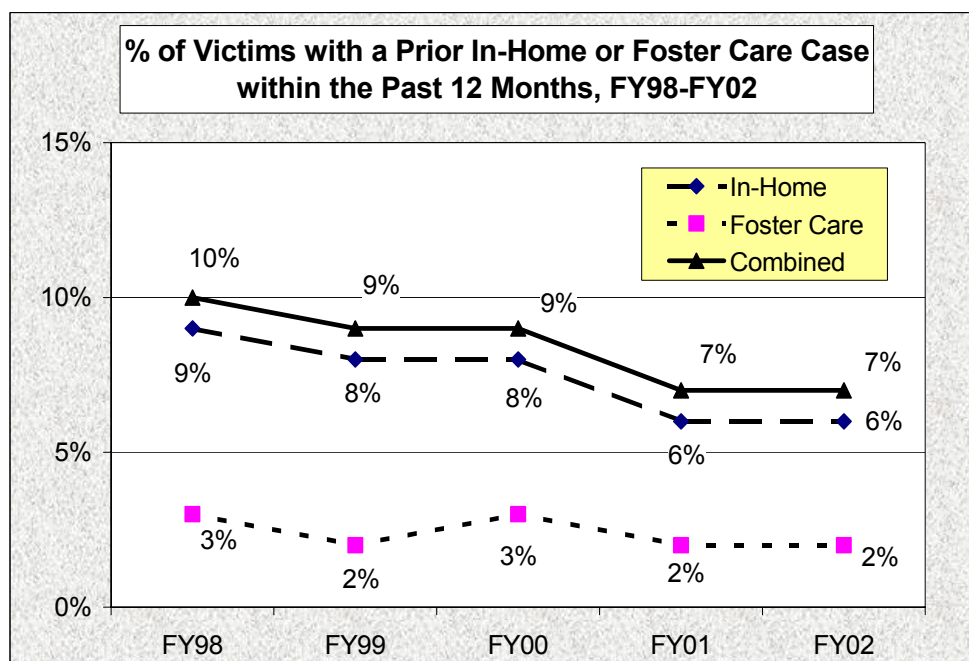
Outcome: Children, Adults and Families are Safe from Further Abuse

Indicators

- Cases with subsequent substantiated allegations within 1 year of case closure (DCFS)
- Children, previously in custody, re-entering out-of-home care within 6, 12, 18 months (DCFS)
- Substantiated Adult Protective Services referrals receiving a second referral (DAAS)
- Domestic Violence Victims Sheltered (DCFS)

CASES WITH SUBSEQUENT SUBSTANTIATED ALLEGATIONS WITHIN 1 YEAR OF CASE CLOSURE

Source: Division of Child and Family Services



Data Source: SAFE Database

Definition: Information was gathered by obtaining data on substantiated child victims of Child Protective Services cases. The system was then queried to determine if any of these children were foster care or in-home clients within 12 months prior to the current CPS report. These data represent child clients or individual child victims.

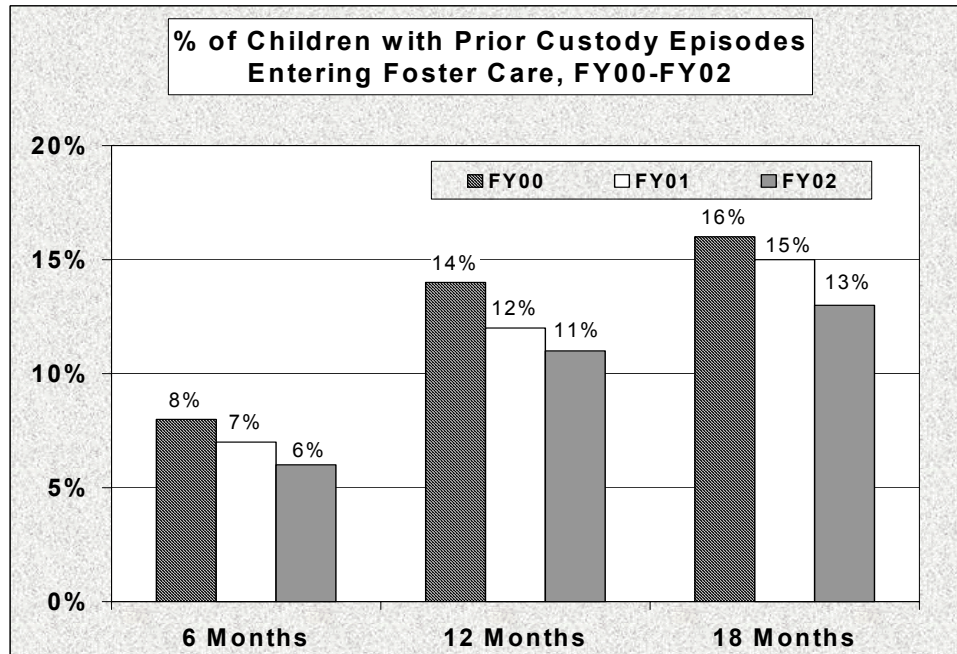
Analysis: These data measure whether families maintain their children safely in their home; whether needed services are being identified for and provided to families; and finally, the effectiveness of families to maintain safety in the home and to cope after they receive services. The figures in the chart above indicate that the percent of children returning to the Division of Child and Family Services (DCFS)

has decreased slightly from FY98 to FY01 and remained stable over the last year.

Future Actions: DCFS' goal is to reduce the number of children who have additional DCFS involvement within 12 months of case closure. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement within 12 months by improving service delivery. DCFS will be able to assess the effectiveness of this training by monitoring these trends over time.

CHILDREN, PREVIOUSLY IN CUSTODY, RE-ENTERING OUT-OF-HOME CARE WITHIN 6, 12, 18 MONTHS

Source: Division of Child and Family Services



Source: SAFE Database

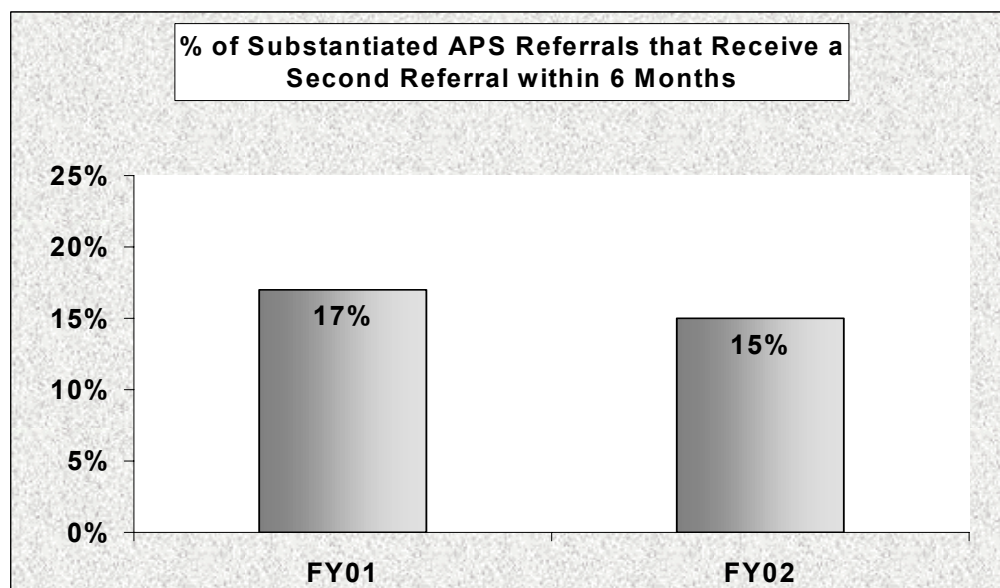
Definition: The number of children in out-of-home care who were previously in custody within 6, 12 and 18 months divided by the total number of clients in out-of-home care whose cases were opened during the indicated fiscal year.

Analysis: These data reflect the success of service delivery as well as success in selecting a permanency goal for children in Division of Child and Family Services (DCFS) custody. Reentry rates have been declining since FY00. The percent of clients who reentered care within 18 months of being in custody decreased by 2 percentage points in the past year. This indicates the Division has improved in its ability to find long-term solutions for its clients.

Future Actions: DCFS' goal is to reduce the number of children who have additional DCFS involvement within 12 months of case closure. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement within 12 months by improving service delivery. In addition, DCFS and the Office of Services Review (OSR) are conducting a special study on children that reenter out-of-home care and reasons for those reentries. DCFS will use the results to determine strategies to reduce reentry into care.

SUBSTANTIATED ADULT PROTECTIVE SERVICES REFERRALS RECEIVING A SECOND REFERRAL

Source: Division of Aging and Adult Services



Definition: The number of substantiated Adult Protective Services (APS) referrals that receive a second referral within 6 months of the first referral.

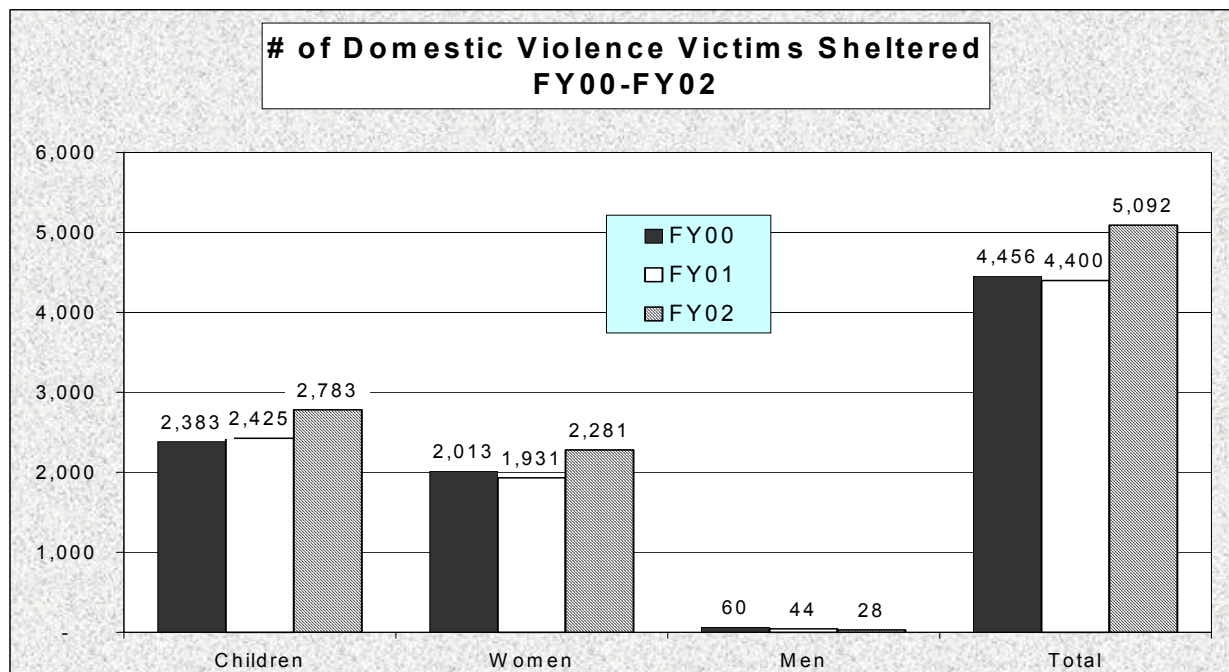
Analysis: Additional referrals on cases that have been investigated and closed may indicate that the protection plan developed in the initial investigation of abuse, neglect, or exploitation of a disabled or elderly adult did not result in long-term protection. A reduction in the percent of those with additional referrals may indicate a higher quality of protection planning with the victim.

In FY02, 15% of substantiated APS referrals received a second referral within 6 months—down 2 percentage points from FY01. APS services are voluntary (except when court ordered) and plans to protect the victim must be approved by the victim. A victim can refuse or terminate services at any time.

Future Actions: Because FY02 is the first comparison year, it is too early to determine a trend or plan future actions. The information from the past two years, however, is encouraging.

DOMESTIC VIOLENCE VICTIMS SHELTERED

Source: Division of Child and Family Services



Data Source: Access Database, G1 Shelter Form.

Definition: Data comes from reporting forms submitted by the 15 domestic violence shelters within the State of Utah.

Analysis: Victims of domestic violence have access to safe shelters. Approximately 5,092 victims were sheltered during FY02--an increase of approximately 700 more victims from FY01. The average number of days sheltered increased from 8.4 in FY00 to 10 in FY02.

Future Actions: In coordination with other community partners, DCFS will continue to expand the availability of supportive services and safe environments for victims of domestic violence.

The Division has met with domestic violence workers and developed alternative data collection strategies and discussed integrating separate domestic violence systems. The specifications have been completed and provided to the programming staff for completion. These changes should be implemented by spring 2003.

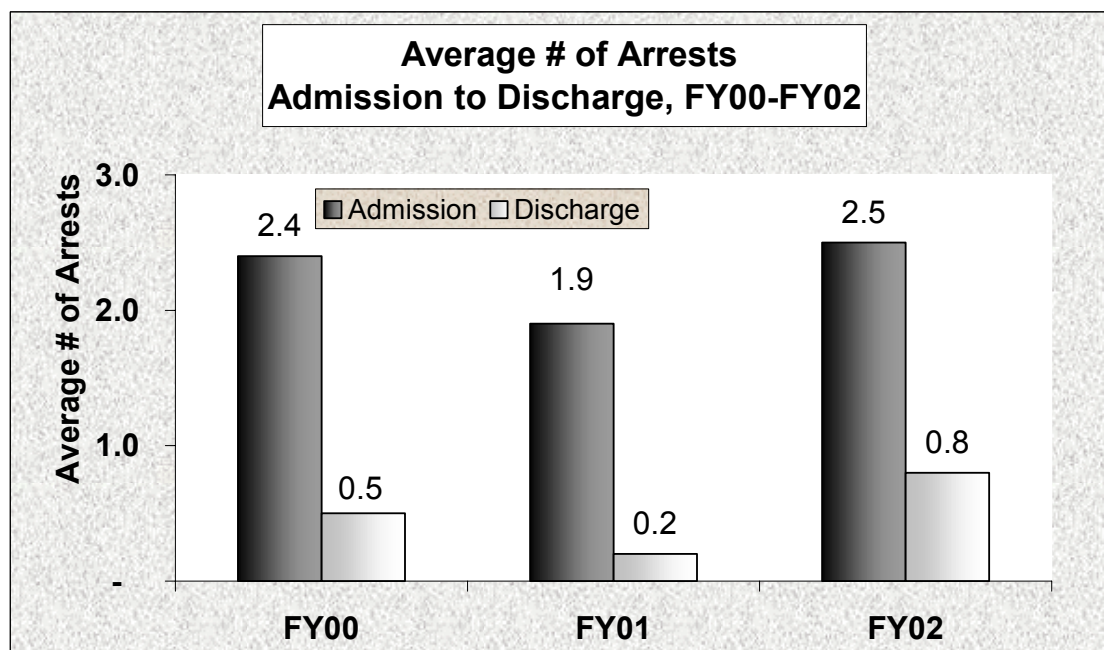
Outcome: Children, Adults and Families Live in Safe, Supportive Communities

Indicators

- Average number of arrests from admission to discharge (DSA)
- Youth clients with reduced number of offenses within 12 month period (DYC)
- AWOLs from the Youth Corrections system (DYC)

AVERAGE NUMBER OF ARRESTS FROM ADMISSION TO DISCHARGE

Source: Division of Substance Abuse



Definition: Research initiated by the Utah Department of Corrections indicates that 80% of inmates, parolees, and probationers abuse drugs and/or alcohol. When offenders do not succeed in the community, statistics show substance abuse significantly contributed to their failure. For this reason, the Division of Substance Abuse closely monitors clients' involvement with the criminal justice system, including the number of times a client has been arrested in the six months prior to being admitted to treatment as well as the number of arrests that occurred between admission and discharge.

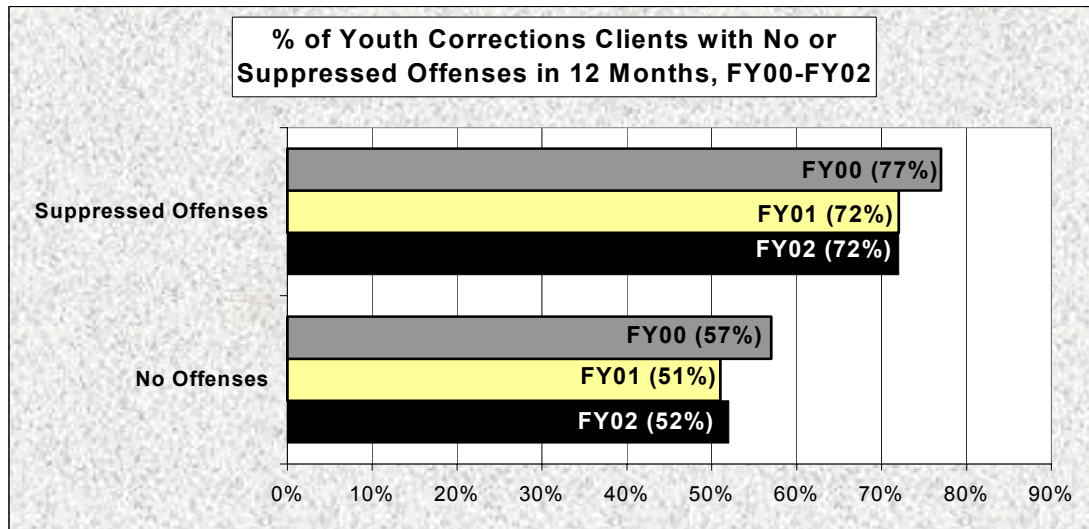
Analysis: Data collected by the Division indicates that the average number of times clients are arrested significantly decreases after they enter substance abuse treatment. During the six months prior to being admitted to treatment services, patients who had been

arrested had, on average, been arrested 2.5 times. Upon assessment at discharge, we found that very few of those patients had been arrested again after they entered treatment. In fact, in FY02, the average number of crimes committed by substance abuse clients decreased by 68% between admission to treatment and discharge. By reducing the number of times clients are arrested, not only is the Division reducing the financial costs that are associated with the arrest and possible incarceration, but it is also reducing the impact that crime has on Utah communities.

Future Actions: At the state and local levels, the Division of Substance Abuse and the Local Area Authorities continue to work with law enforcement to determine which offenders are in need of treatment services and to coordinate the provision of those services.

YOUTH CLIENTS WITH REDUCED NUMBER OF OFFENSES WITHIN 12 MONTH PERIOD

Source: Division of Youth Corrections



Definition: 1) The percent of youth who were in the youth corrections system on September 1, 2001 who had no new charges in the next twelve months. 2) The percent of youth who were in the youth corrections system on September 1, 2001 who were charged with suppressed (reduced number of) offenses in the next twelve months. Youth in secure facilities are not included in these figures.

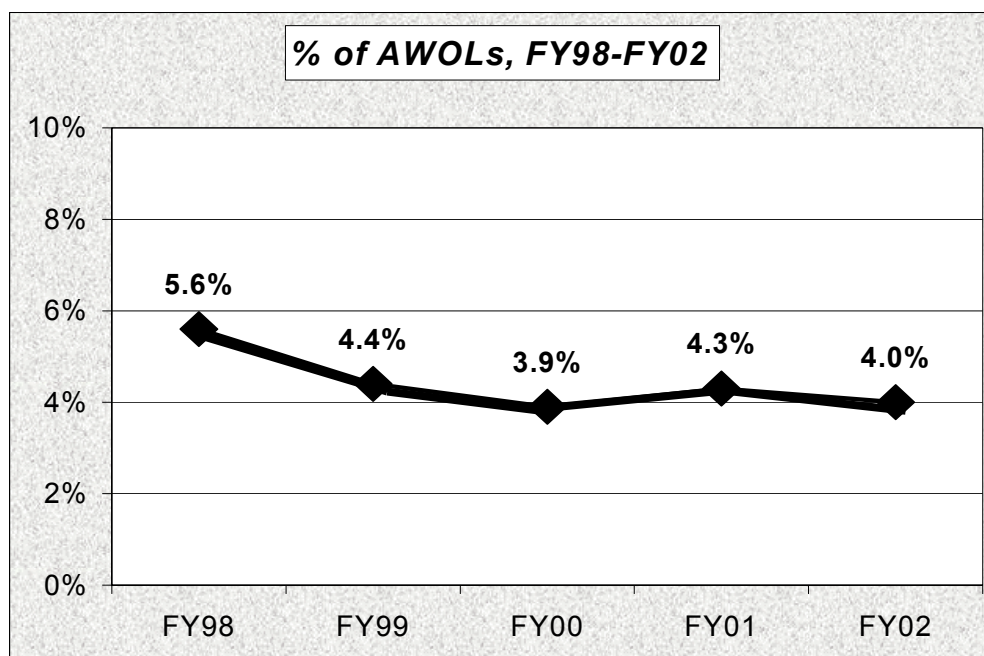
Analysis: Decreased criminal activity is an indicator of the Division's ability to provide interventions that are effective in helping youth make positive life style choices. Over half (52%) of the individuals in the Youth Corrections system had no additional charges

within a year's time and nearly three-quarters (72%) had fewer charges than they had had in the previous year. These percentages show that the Division continues to have a positive impact on criminal activity among the youth it serves.

Future Actions: The Division of Youth Corrections and the Courts have begun a long-term project to better assess youth entering the youth corrections system and the progress they make while in it. By better identifying the ongoing needs of youth in the system and matching them with appropriate programs, suppression should increase and recidivism should decrease.

AWOLs FROM THE YOUTH CORRECTIONS SYSTEM

Source: Division of Youth Corrections



Definition: The average daily number of Youth Corrections' clients who are absent without leave authorization divided by the average total daily number of youth in Youth Correction's custody.

Analysis: The overall reduction in the percent of AWOLs demonstrates the Division's ability to protect the safety of the community

and clients. The data show a general decline from FY98 to FY02 with the exception of FY01.

Future Actions: Through a combination of more precise assessments and increased monitoring by case managers, the Division is working toward further reductions in the AWOL rate.

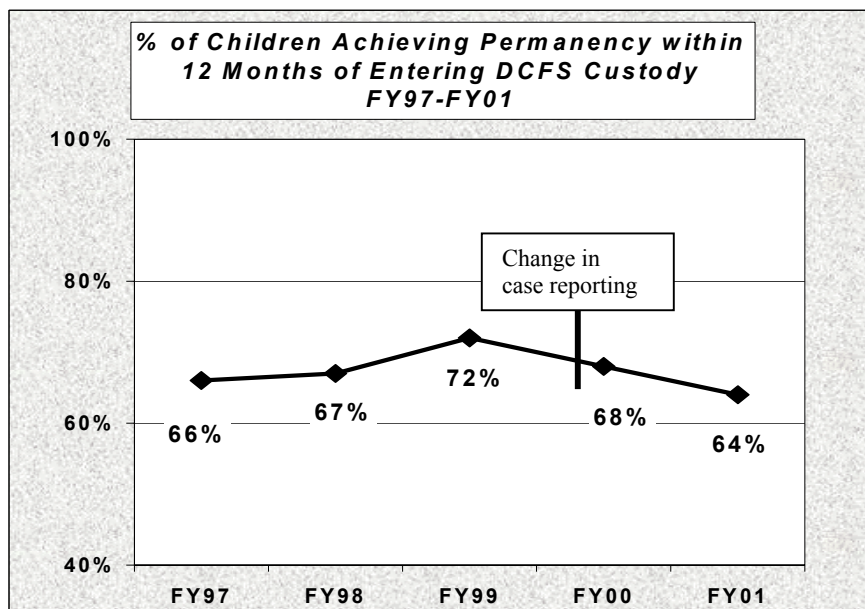
Outcome: Child and Adult Consumers have Stable Living Arrangements that Provide Long-Term, Nurturing Relationships

Indicators

- Children Achieving Permanency within 12 Months of Entering Custody (DCFS)
- Length of Time a Child Spends in Foster Care Prior to Adoption (DCFS)
- Placements per Service Episode for Youth in Foster Care (DCFS)
- Placements per Youth in Youth Corrections (DYC)
- Children with Disabilities Receiving Services who Live at Home (DSPD) *NEW*

CHILDREN ACHIEVING PERMANENCY WITHIN 12 MONTHS OF ENTERING CUSTODY

Source: Division of Child and Family Services



Data Source: SAFE database. DCFS FY00 Outcome Measures Report

Definition: This measure is determined by dividing the number of children who entered out-of-home care and attained permanency through custody termination within one year after entering custody by the total number of children who entered out-of-home care during that fiscal year.

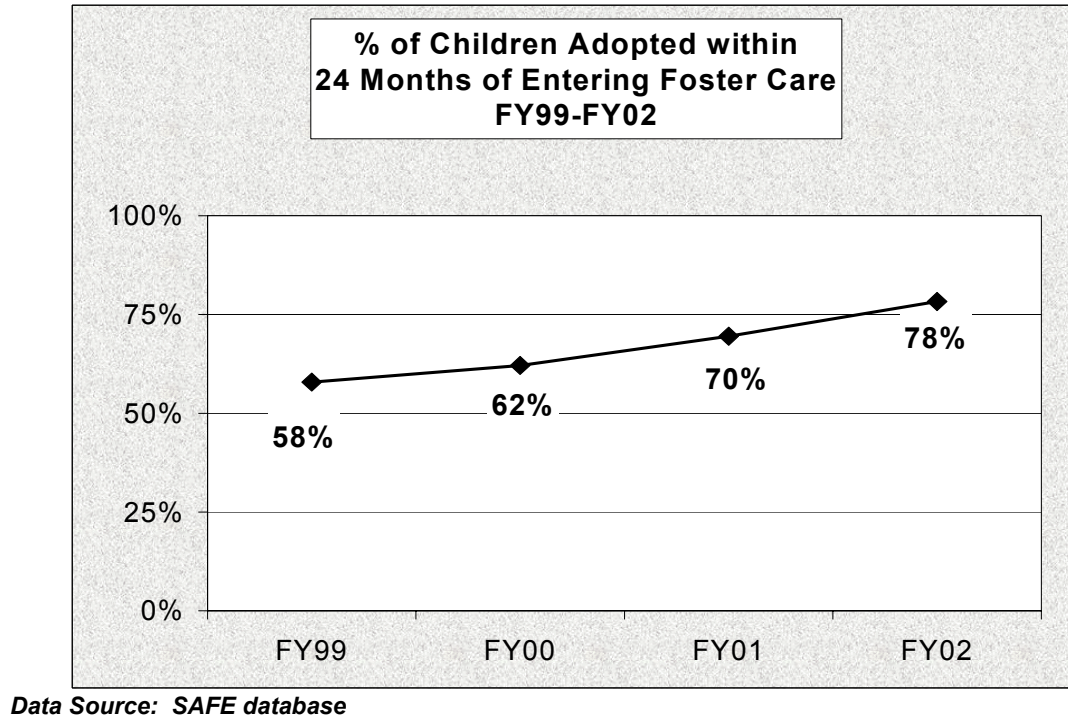
Analysis: This measure shows the Division's timeliness and effectiveness of moving children into permanency. Permanency is defined as children who exit the system through reunification, adoption, or guardianship to foster parents. Beginning in November 1999, the system no longer required opening a custody case when a child was returned home or was

released to a relative at the 72 hour shelter meeting. Prior to this date, these cases were included in the data. This change accounts for the decrease from 72% in FY99 to 64% in FY01 in the percent of children attaining permanency within 12 months of entering care. Of those children who attained permanency, over 90% were returned home or placed in a relative's house. These numbers have remained fairly constant over the past five years.

Future Actions: DCFS' goal is to ensure that children in custody attain permanency in a timely manner.

LENGTH OF TIME A CHILD SPENDS IN FOSTER CARE PRIOR TO ADOPTION

Source: Division of Child and Family Services



Definition: The number of children who exited foster care into finalized adoption within 24 months of entering foster care divided by all children who exited foster care into finalized adoption in FY02.

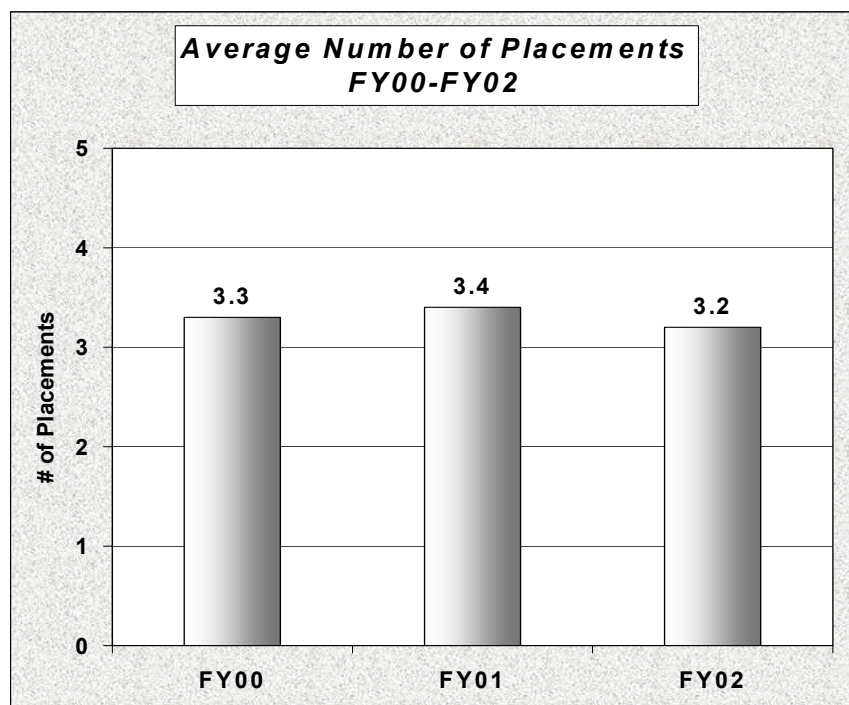
Analysis: 323 children were adopted from foster care in FY02. Of these, nearly one-third (30%) were adopted within one year of entering foster care and 48% were adopted within 12-23 months of entering care. The national standard

set by the Children's Bureau is 32% adopted in less than 24 months from entering foster care. Utah is well above the national standard.

Future Actions: DCFS will continue to strive for obtaining permanency as quickly as possible for children who cannot be returned home. DCFS will also work to implement supports for adoptive families and adoptive children to ensure the adoption is a success.

PLACEMENTS PER SERVICE EPISODE FOR YOUTH IN FOSTER CARE

Source: Division of Child and Family Services



Data Source: SAFE database

Definition: A placement is defined as the physical location of a child. The average number of placements is determined by adding the total number of placements for all children and dividing by the total number of children in out-of-home care.

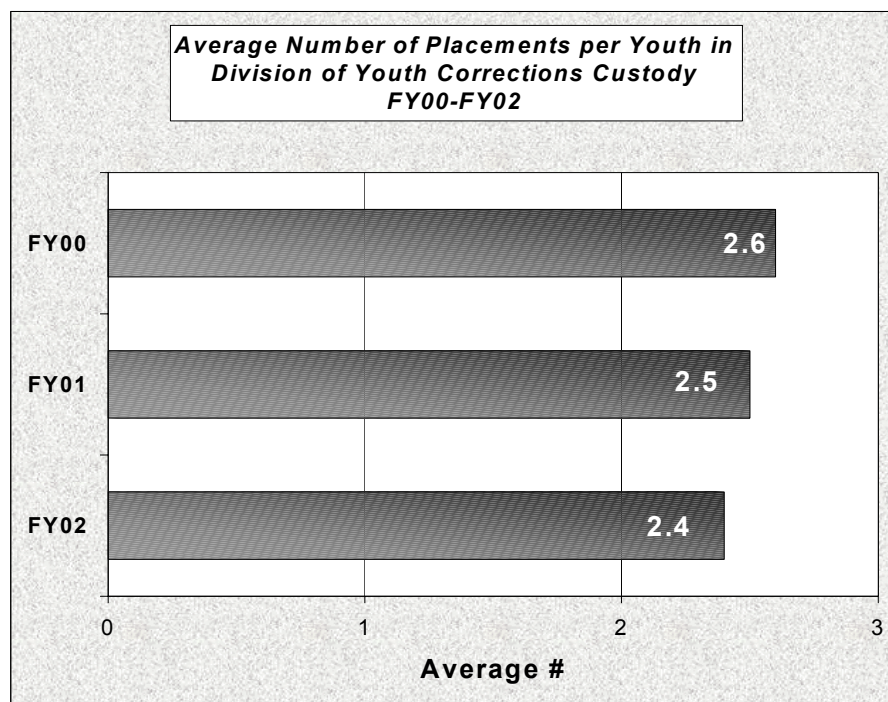
Analysis: This measure provides information about the success workers have in matching children's needs with placements, as well as whether there is an adequate inventory of neighborhood foster homes in which to place foster children. Placement changes are not always negative for a child because they may be moving to a more appropriate placement. The data indicate that the average number of

placements has remained fairly consistent over the past three years.

Future Actions: DCFS' goal is to reduce the average number of out-of-home care placements. DCFS is attempting to identify appropriate numbers of placements for children in custody taking into consideration the age of the child and length of time in care. The national standard established by the Children's Bureau says that 86.7% of children in care have no more than two placements in their first 12 months in custody. Utah is near the standard--80% of children had two or fewer placements in Federal Fiscal Year 2001.

PLACEMENTS PER YOUTH IN YOUTH CORRECTIONS

Source: Division of Youth Corrections



Definition: The average number of placements per youth in Division of Youth Corrections custody. This number includes those youth who enter detention or diversion programs who are generally in the system one time in a fiscal year.

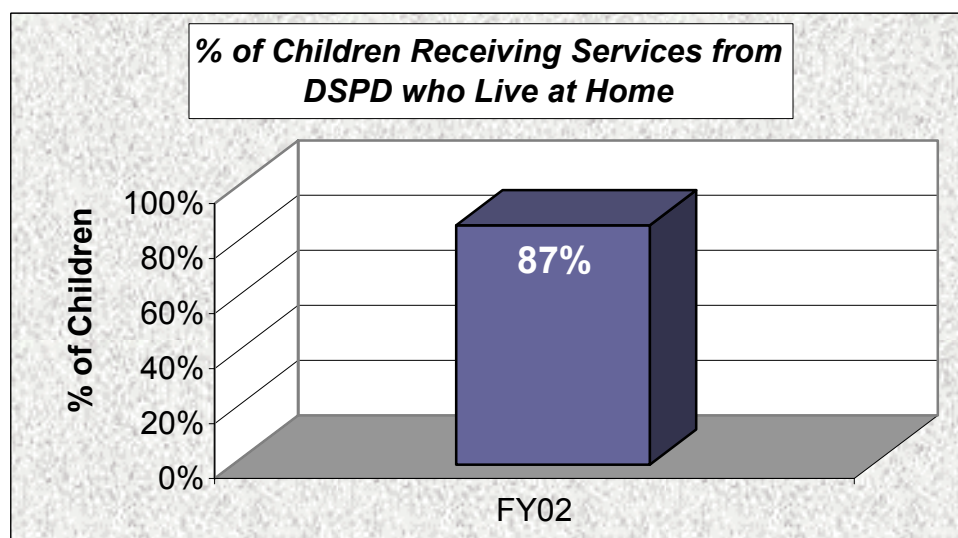
Analysis: The Division moves youths to different placements in the system to ensure they are in the most appropriate setting for their needs. Youths often enter detention and then are sent home because their issues were addressed. Other youths may be moved through the system, either to more secure facilities because they are not responding well to less secure programs, or stepping down from the more to less secure

facilities as the client is ready. Overall, the average number of placements across the DYC client population is 2.4. Youth who participate only in detention are included in this average. If these youth are removed from the average, the average number of placements increases to 3.2.

Future Actions: For youth in detention or detention alternatives, the present system of following court orders will continue. For youth in custody, case management supervisors will further refine their system of utilization review with the goal of making the best placement for each youth.

CHILDREN WITH DISABILITIES RECEIVING SERVICES WHO LIVE AT HOME

Source: Division of Services for People with Disabilities



Definition: The number of children (ages 0-17) receiving family support and respite services from the Division of Services for People with Disabilities (DSPD) divided by the total number of children receiving Division services.

Analysis: The Utah Legislature directed the Division through statute to assist children to live in the most home-like setting possible. Currently, 87% of children receive family support and/or respite services that assist the family in providing care and allow the child to remain in their home. Of those who live outside

their home, approximately three-quarters live in a home-like setting with a professional parent. These numbers indicate that the Division has been successful in providing home-like settings for the children they serve.

Future Actions: The Division will work to provide more family support services so that families can continue to share in providing services and natural supports for the long term.

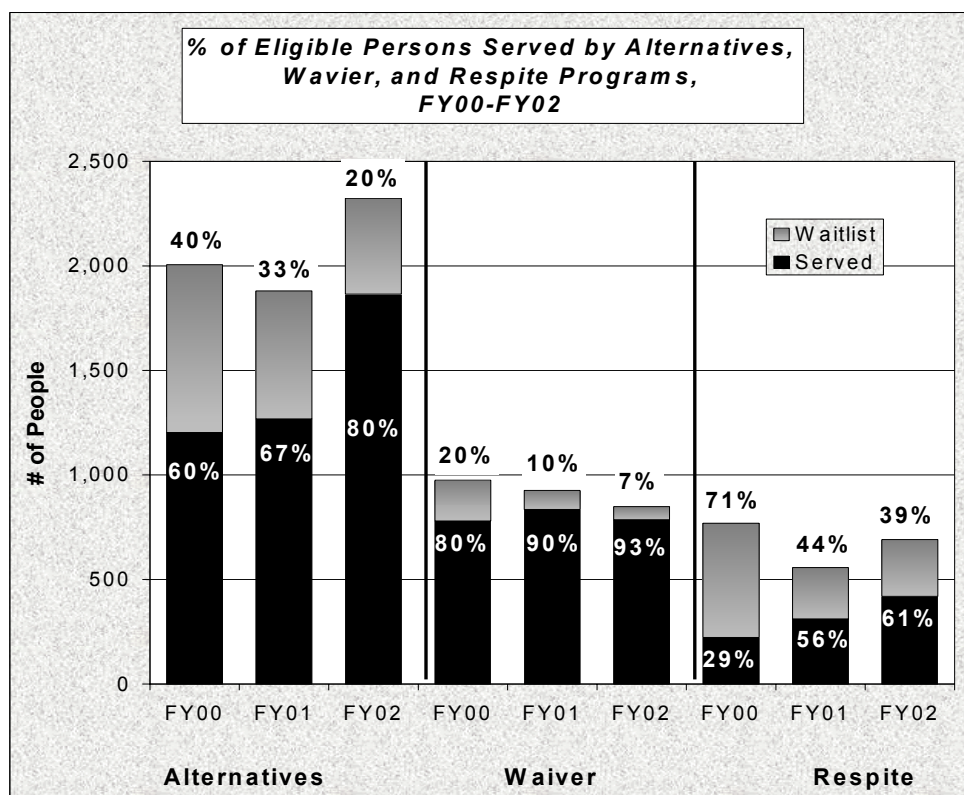
Outcome: Consumer Independence / Self-Sufficiency is Maximized

Indicators

- Eligible Adults Receiving Services from the Alternatives, Waiver, and Respite Programs (DAAS)
- Non-Public Assistance Child Support Cases Paying on Current Orders (where order established) (ORS)
- Total Child Support Paid to Parents (ORS)
- Clients Employed at Discharge (DSA)
- Adults Participating in Integrated Community Employment (DSPD)
- Educational Status of Youth (18 and over) who Exited Care (DCFS)
- Clients with Improved Living Conditions (DSA)

ELIGIBLE ADULTS RECEIVING SERVICES FROM THE ALTERNATIVES, WAIVER, AND RESPITE PROGRAMS

Source: Division of Aging and Adult Services



Definition: The chart above demonstrates the percentage of eligible clients receiving services in three programs:

- 1) the state-funded Alternatives Program provides personal care, home health aide, skilled nursing, or other services necessary for an individual to remain home.
- 2) the Waiver Program provides home health aides, adult day care, homemakers, home-delivered meals, and other services to those who meet nursing home admission criteria and Medicaid financial eligibility criteria. This program allows an individual to remain home.
- 3) the National Family Caregiver Support Program gives the primary caregiver some respite or relief from care-giving responsibilities which enables the caregiver

to continue as the primary person performing care-giving activities.

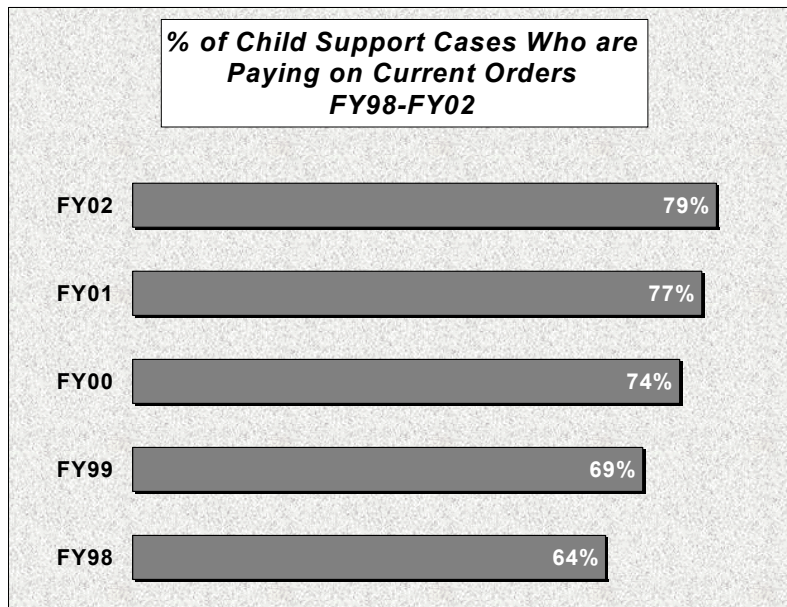
This percentage is a point-in-time figure, collected for June 30, 2002.

Analysis: 93% of those eligible for the Waiver program and 80% of those eligible for the Alternatives program were served during FY02. This is a large increase for the Alternatives program. Although only 61% of those seeking respite care were served, the percent of those served continues to increase.

Future Actions: The Division of Aging and Adult Services will continue efforts to provide in-home services to additional eligible clients and seek additional funds to provide rest and relief to eligible caregivers.

NON-PUBLIC ASSISTANCE CHILD SUPPORT CASES PAYING ON CURRENT ORDERS (WHERE ORDER ESTABLISHED)

Source: Office of Recovery Services



Definition: The number of non-public assistance child support cases in which at least one payment was received within the most recent three months divided by the total number of non-public assistance cases with orders.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current and overdue child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services as well as public assistance services.

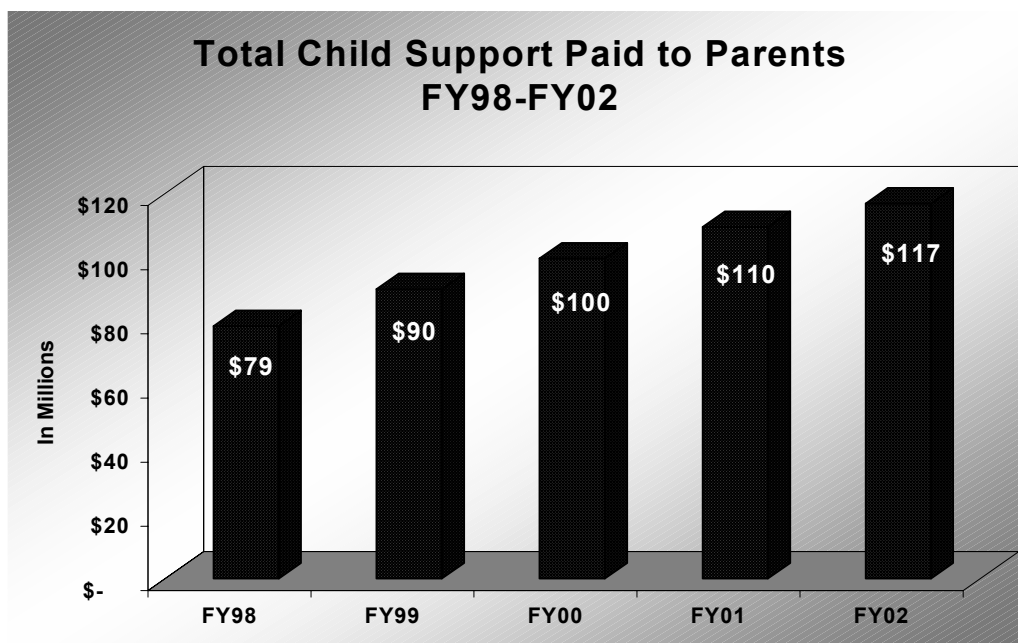
The percent of non-public assistance child support payments on current orders shows a steady increase over the most recent five fiscal years, going from 64% in FY98 to 79% in FY02. This improvement is due to a number of

factors, which include staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to ORS' computer information system contributed to the increased percentage.

Future Actions: ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements to its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

TOTAL CHILD SUPPORT PAID TO PARENTS

Source: Office of Recovery Services



Definition: Total amount of child support collected on behalf of, and distributed to, children and families.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current and overdue child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services, as well as public assistance services.

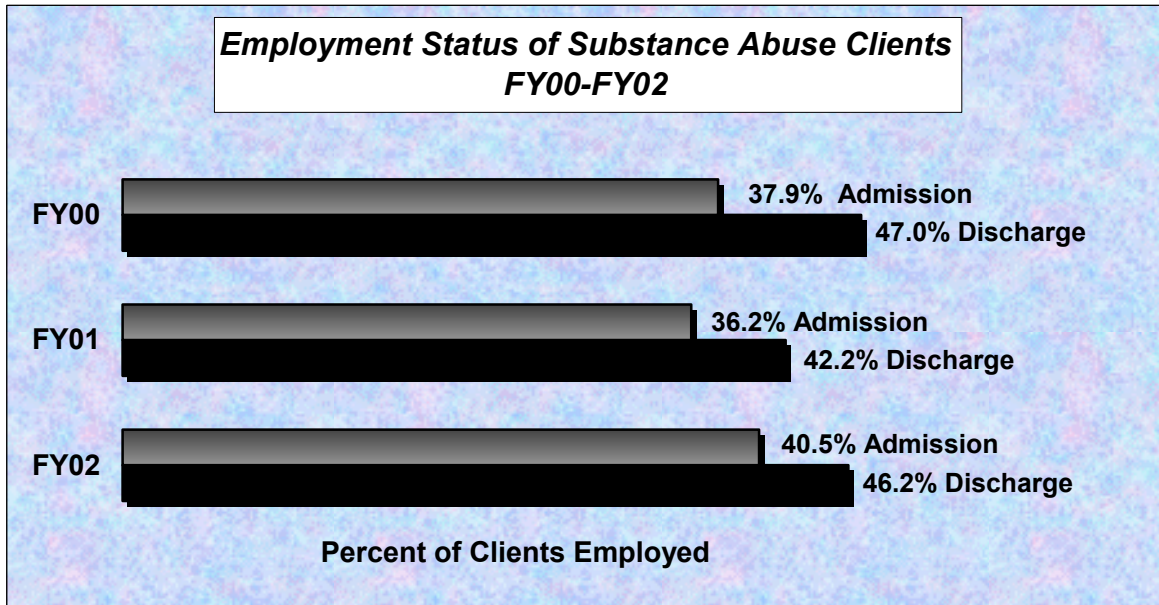
Non public assistance child support collections have increased substantially over the past five years. From FY98 through FY02, collections increased by 48%, with a 6% increase in the past fiscal year. This success is due to a number of factors, including staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and

increased efficiency gained through ongoing enhancements to ORS' computer information system contributed to increased collections.

Future Actions: ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. Efforts are also underway to increase the number of Electronic Fund Transfers in the management of interstate cases and in the disbursement of funds to families. This reduces costs and allows families to receive child support funds sooner.

CLIENTS EMPLOYED AT DISCHARGE

Source: Division of Substance Abuse



Definition: Each client's employment status is evaluated upon admission into substance abuse treatment. They are classified as either being employed full-time, employed part-time, unemployed, or not in the labor force (e.g., student, retired, etc.). Beginning in FY00, the Division of Substance Abuse began to track the employment status of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain employment.

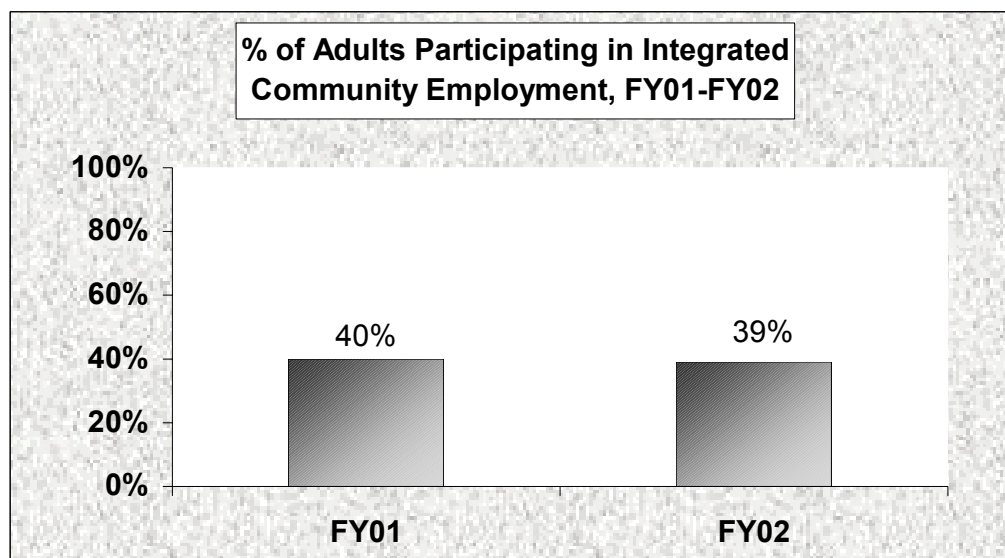
Analysis: The employment status of a patient struggling with a substance abuse or dependence problem is a key ingredient to a successful recovery. The statistics collected by the

Division indicate that in FY02, 46% of clients were employed at discharge. The number of clients who were employed increased by 12% from admission to discharge. These improvements are similar to those experienced in FY00 and FY01.

Future Actions: Treatment providers are making greater efforts to work with other agencies and organizations in their communities to help more clients either find and maintain regular employment or receive the education/training they need to enter the labor force.

ADULTS PARTICIPATING IN INTEGRATED COMMUNITY EMPLOYMENT

Source: Division of Services for People with Disabilities



Source Data: Utah Social Services Database System (USSDS), Payment and Authorization for Service Data

Definition: The number of adults receiving funding from the Division of Services for People with Disabilities (DSPD) for community integrated employment divided by the total number of adults who receive any type of daytime supports is shown in the chart above. Supported employment services provide assistance for adults with developmental disabilities to acquire and maintain competitive employment.

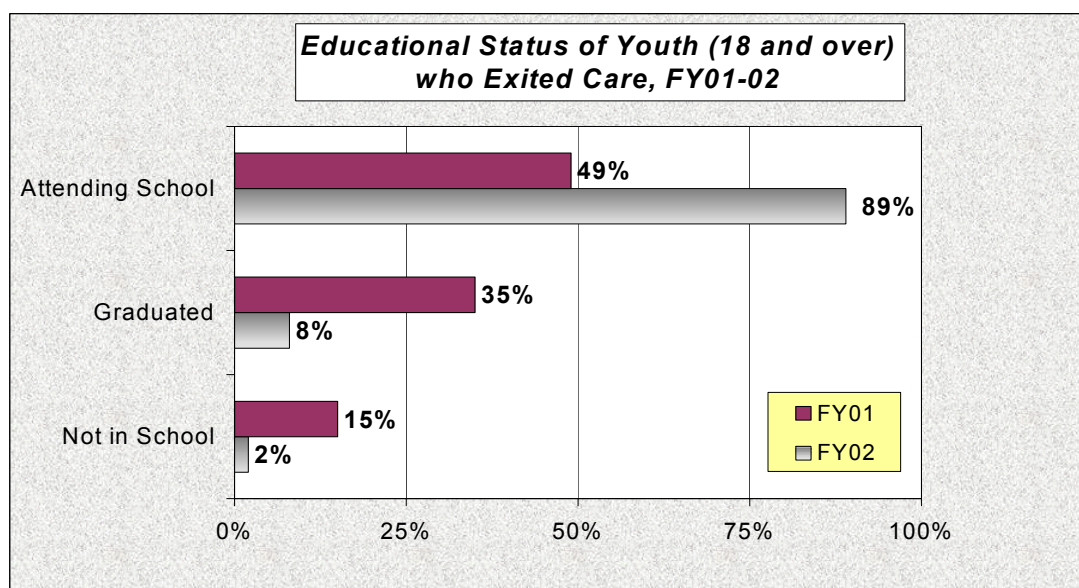
Analysis: 39% of the total number of people who receive supports during the day from the Division participate in community integrated employment—about the same as in FY01. Of these, 91% were making at or above minimum wage. This means that 946 persons with disabilities in Utah are contributing to Utah and Federal income taxes. When persons with disabilities get and keep jobs, their personal control and power over what happens to them is

enhanced which affects who they have as friends and how they act and feel about themselves. It also helps members of the community see persons with disabilities as people who are fully capable of making meaningful contributions to society.

Future Actions: Based upon survey data, the Division will evaluate day and employment supports during FY03. The Division is encouraging providers to offer a wider range of service options. The Division will continue to assure that supported employment specialists will have the necessary knowledge base and skill sets to place people with disabilities in companies that offer high wages, benefits, and good working conditions. The Division will maintain its focus on assuring that persons with disabilities have meaningful jobs.

EDUCATIONAL STATUS OF YOUTH (18 AND OVER) WHO EXITED CARE

Source: Division of Child and Family Services



Data Source: SAFE database

Definition: The number of youth (ages 18 and older) exiting care in that year who are either attending school, graduated high school, or were not in school divided by the total number of youth ages 18 and older exiting care (who have a recorded educational status).

Analysis: These data indicate the efforts DCFS makes to help ensure older children achieve their full educational potential. In addition, youth 16 and older receive training and support services under the independent living program, where appropriate. These services may include basic life skills training, assistance to obtain higher education, job placement activities, preparation for GED, and stipends, as well as other activities. 140 children received one or more of these services.

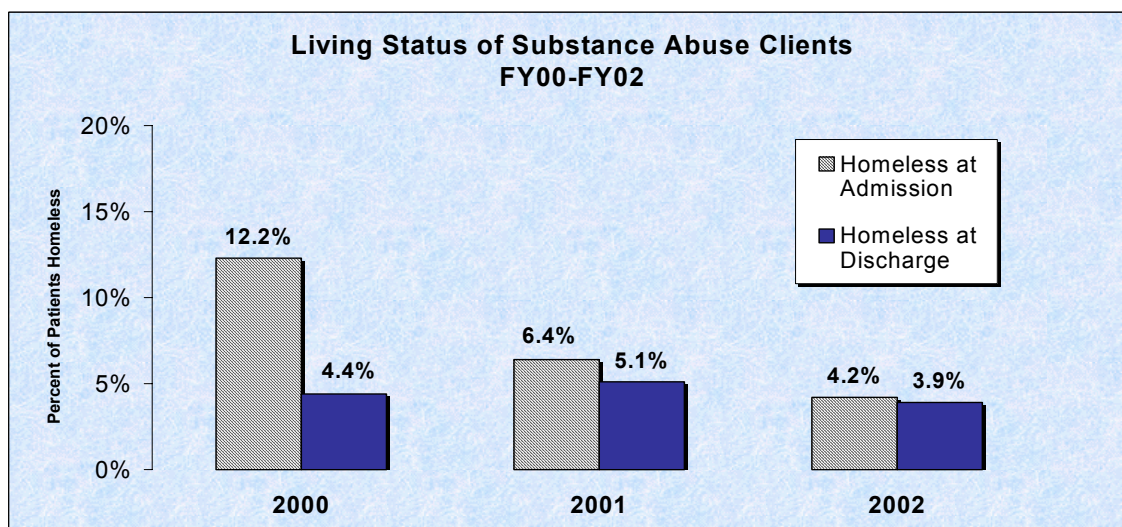
The entry and tracking of education level in the SAFE system is not complete at this time. 61%

of the children in out-of-home care do not have school status recorded. Of those who do have information, 97% were either attending school at case closure or had graduated—up from 85% in FY01.

Future Actions: The federal government is in the process of developing requirements for data collection for youth 16 and older in custody. Once the reporting requirements are finalized and implemented into the SAFE system, DCFS will be able to improve its reporting of education information. In the meantime, every effort will be made to ensure all children placed in out-of-home care receive appropriate education services consistent with their needs. DCFS staff will work with the child and family team to help the child achieve his or her full academic potential.

CLIENTS WITH IMPROVED LIVING CONDITIONS

Source: Division of Substance Abuse



Definition: Each client's living arrangement is evaluated upon admission into substance abuse treatment. They are classified as either being homeless, dependent (i.e., halfway house) or independent (own, rent, or live with family/friends). Beginning in FY00, the Division of Substance Abuse began tracking the living arrangements of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain an independent living environment.

Analysis: Because a stable living environment is a critical element in achieving long-term successful results from substance abuse treatment, the treatment providers across

Utah work very hard to assist clients in establishing a more stable living situation. The above graph indicates that in FY02, 4.2% of clients were homeless when they entered treatment. At discharge, 3.9% were homeless—a 7% reduction in homelessness.

Future Actions: Research around the country has repeatedly shown that a stable living environment is a key ingredient to achieving successful outcomes in substance abuse treatment. The substance abuse treatment field therefore continues to place significant emphasis on helping clients achieve and maintain a stable living environment.

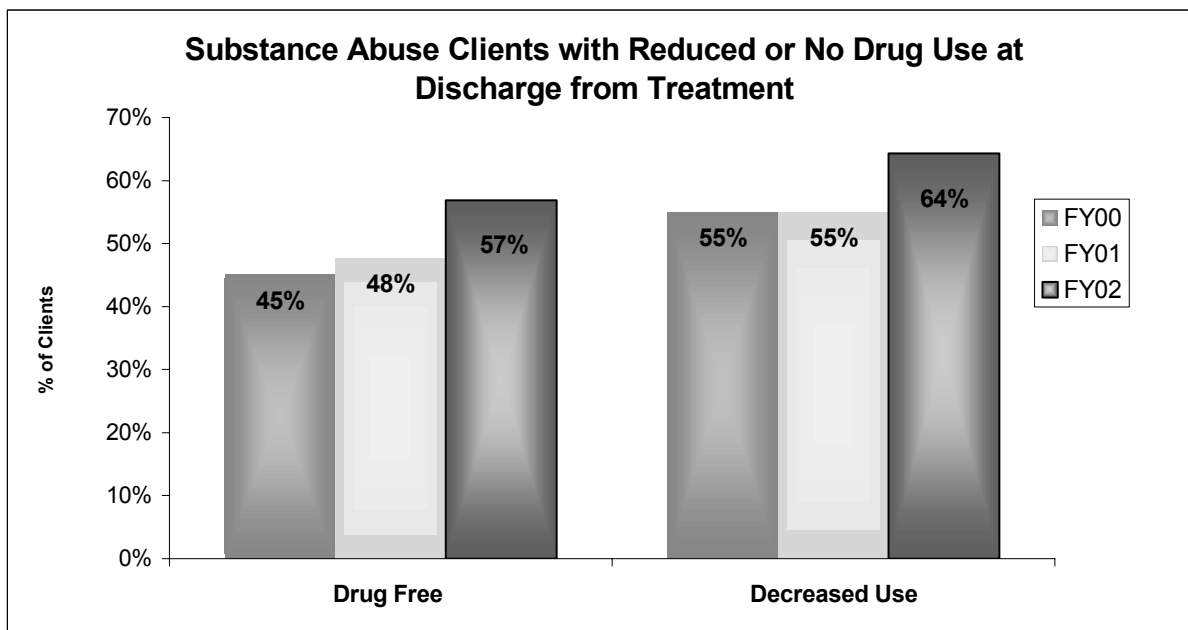
Outcome: Consumer Quality of Life is Improved

Indicators

- Frequency of Use of Primary Drug at Discharge (DSA)
- Client Status from Admission to Follow-up in Community Mental Health Centers (DMH)
- Patient Outcome Status from Admission to Follow-up in the Utah State Hospital (DMH)
- Clients Re-admitted to the Utah State Hospital within Six Months of Discharge (DMH)
- Adult Clients Saying Services Help them Deal More Effectively with Daily Problems (DMH)
- Consumers Meeting the Passing Criteria for Personal Outcomes During QE Review (DSPD)

FREQUENCY OF USE OF PRIMARY DRUG AT DISCHARGE

Source: Division of Substance Abuse



Definition: Upon admission to substance abuse treatment, each client is assessed to determine the severity/frequency of his or her alcohol and/or other drug use. At that time, the number of days in the past month the client used alcohol or other drugs is documented. Beginning in FY00, clients are re-assessed when they are discharged from treatment.

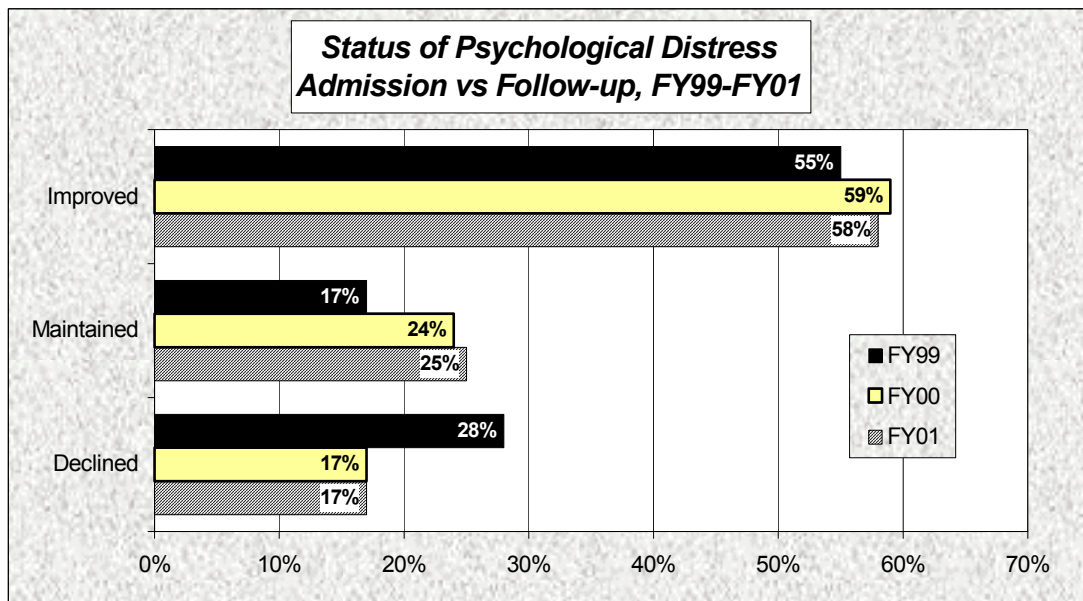
Analysis: The above graph indicates that of those clients who had used substances within a month of entering treatment, 64% had either stopped or reduced their substance use by the

end of treatment. Overall, if clients who had not used drugs within a month of entering treatment (because they are in a correctional facility) are included, 74% of clients receiving substance abuse treatment reported no use within the month prior to discharge.

Future Actions: The Division is constantly working with Local Substance Abuse Authorities to capture timely and accurate data through improved instrumentation.

CLIENT STATUS FROM ADMISSION TO FOLLOW-UP IN COMMUNITY MENTAL HEALTH CENTERS

Source: Division of Mental Health



Definition: The chart above provides results of the General Well Being (GWB) instrument--a 10-item client (adult scale) self rating instrument that addresses the following areas: sense of general well-being, energy level, emotional/behavioral control, depressed/cheerful mood, tension/anxiety state, and somatic distress or health worries.

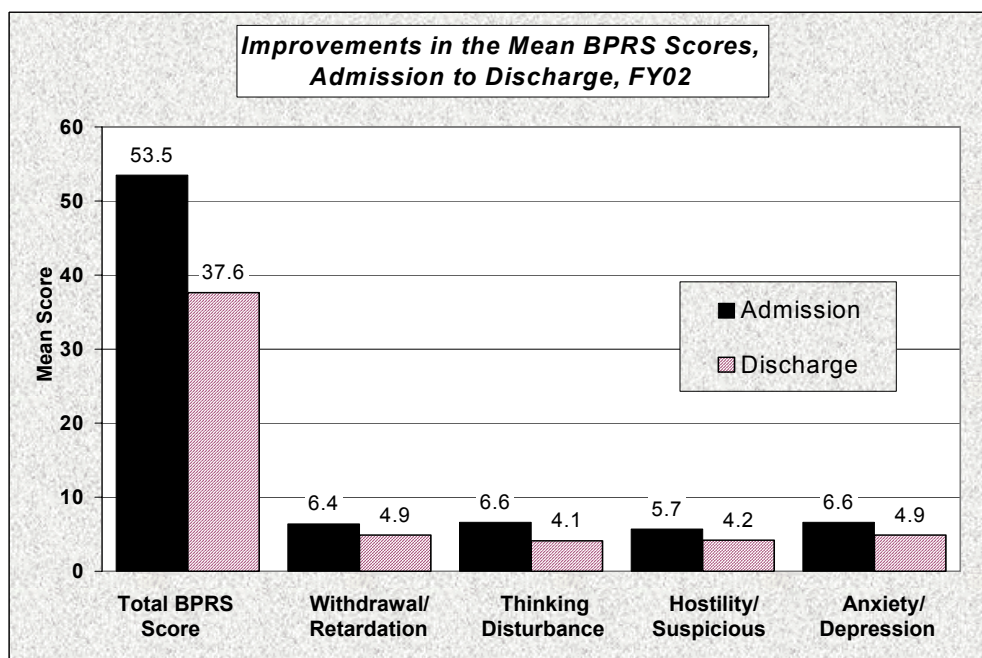
Analysis: The GWB shows changes in the overall level of psychological distress for persons receiving services at the community

mental health centers in Utah. Psychological symptoms improved for 58% of clients in community mental health centers during FY01 (stable from FY00). 25% of clients remained stable.

Future Actions: Conduct detailed analysis with risk assessments of key variables and continue ongoing data quality management to improve mental health services to clients. Carefully monitor centers that fall well below the average gains.

PATIENT OUTCOME STATUS FROM ADMISSION TO FOLLOW-UP IN THE UTAH STATE HOSPITAL

Source: Division of Mental Health



Definition: The chart above provides results of the Brief Psychiatric Rating Scale (BPRS) which rates a patient from one through seven (severe) on 24 items that provide a short-hand method of briefly describing a patient's major area of pathology. These areas are further combined into symptom clusters or subgroups of related syndromes. The BPRS is given soon after admission, 90 days after admission, and every 90 days thereafter.

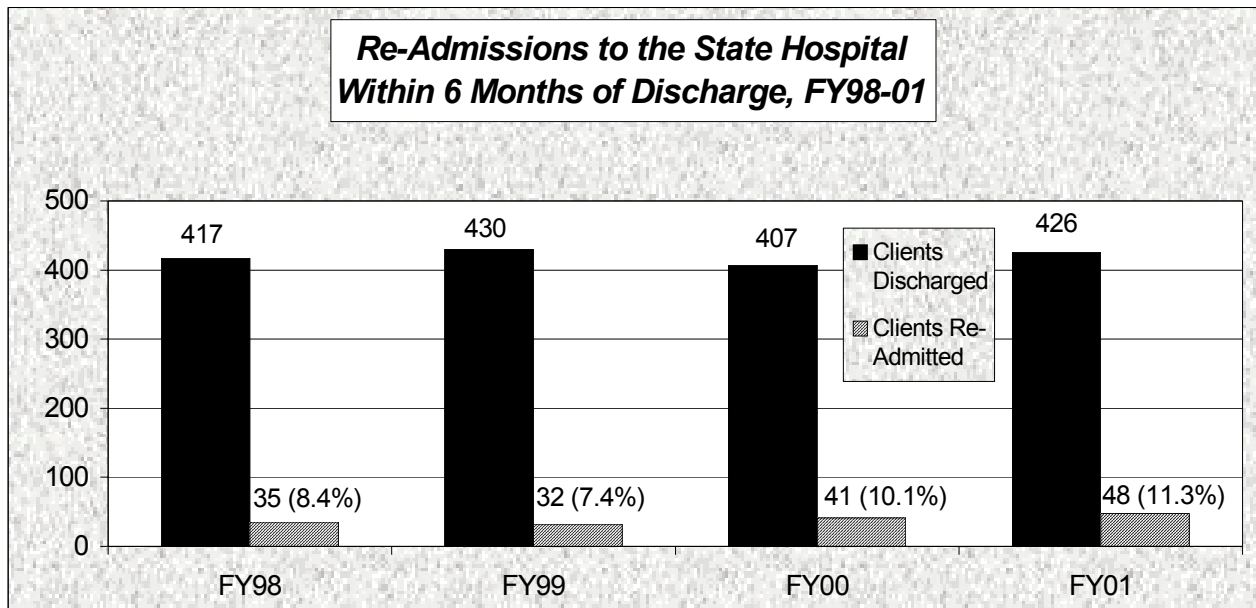
Analysis: A reduction in BPRS score indicates significant improvement in patient status. The improved BPRS total symptom score and four sub-scale scores demonstrates the Hospital's ability to reduce patient symptoms prior to discharge. For all patients that received a BPRS within 35 days of discharge (n=172), the average total symptom score improved by 30%.

Changes in scores, while statistically significant, understate actual change in symptom clusters for particular patients. For example, a patient with "thinking disturbance" who has dramatically improved may not have symptoms in other clusters, yet his or her other scores on the BPRS are averaged with all patients in these other symptom clusters. Therefore, the current method of computing data results in reporting conservative changes in all sub-scales as well as the total scale score.

Future Actions: The Hospital will continue to monitor patient progress through the administration of the BPRS. These actions are designed to further increase treatment effectiveness.

CLIENTS RE-ADMITTED TO THE UTAH STATE HOSPITAL WITHIN SIX MONTHS OF DISCHARGE

Source: Utah State Hospital, Division of Mental Health



Definition: The number of all mental health patients discharged from the State Hospital who return to the State Hospital within six months of discharge as a percent of all patients discharged from the State Hospital during that year.

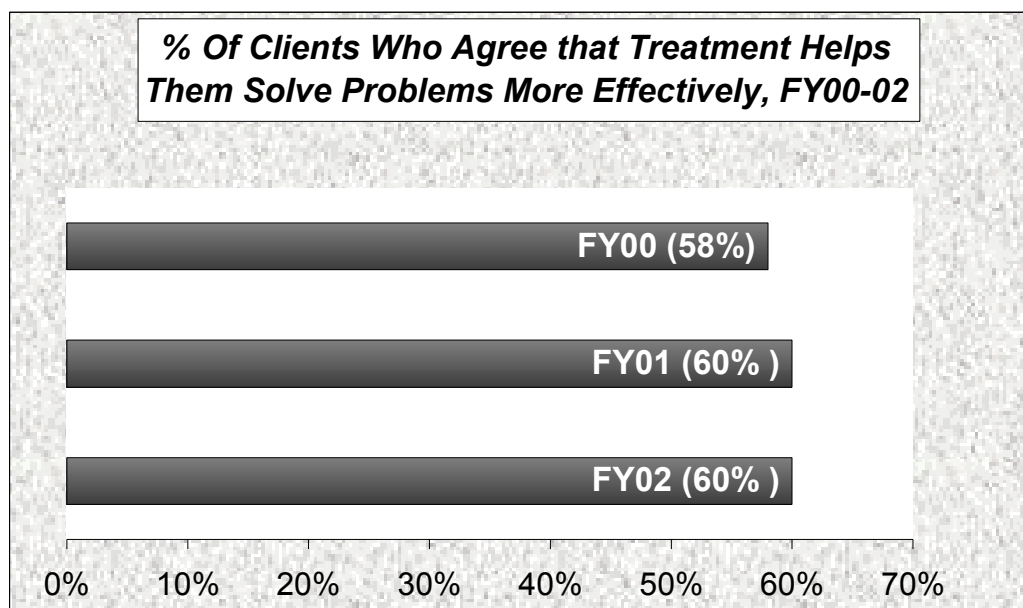
Analysis: Focusing on reducing client length-of-stay at mental health facilities across the country can encourage facilities to release mental health patients before they are ready. Changing the focus to reviewing re-admission rates indicates whether mental health facilities are providing the appropriate level and length of services to ensure their clients can adequately

function in the community with appropriate supports. The low re-admission rate indicates that the State Hospital and the community mental health centers are effective in assessing and addressing patient symptoms. Although admission rates have increased slightly, each year's readmission rate is among the lowest rates in the nation based on preliminary statistics.

Future Actions: The utilization review and executive committees will continue to carefully monitor individual cases.

ADULT CLIENTS SAYING SERVICES HELP THEM DEAL MORE EFFECTIVELY WITH DAILY PROBLEMS

Source: Division of Mental Health



Definition: The Division of Mental Health (DMH) administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “As a direct result of my treatment, I deal more effectively with daily problems.”

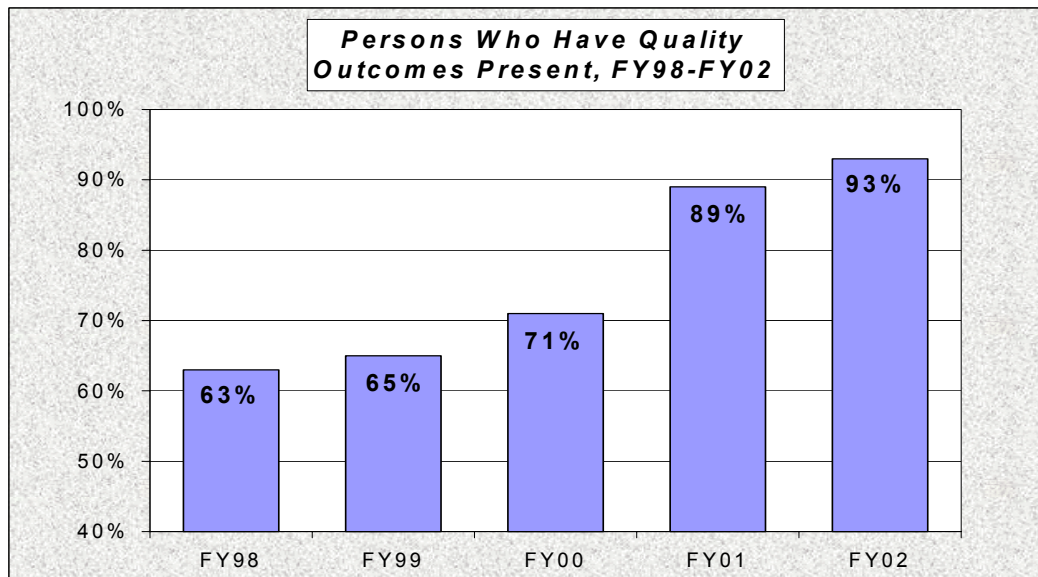
Analysis: The graph above indicates that well over half (60%) of clients felt the services they received from community mental health centers helped them deal more effectively with

their problems. This is consistent with the last two years.

Future Actions: The Division of Mental Health and community mental health centers will examine the results to this question and determine if changes need to be made in the way services are delivered.

CONSUMERS MEETING THE PASSING CRITERIA FOR PERSONAL OUTCOMES DURING QE REVIEW

Source: Division of Services for People with Disabilities



Data Source: Quality Enhancement Database and The Council's National Outcomes Database

Definition: The percentage of persons receiving support from the Division of Services for People with Disabilities who have 13 or more of the 25 quality outcomes present is shown in the chart above. Quality outcomes are defined by The Council on Quality and Leadership in Supports for People with Disabilities, an accreditation organization. Trained reviewers determine the presence or absence of outcomes through conducting interviews with the person receiving supports and others who “know the person best”. Those receiving support determine the significance of outcomes based on their personal preferences in the areas of identity, autonomy, affiliation, attainment, rights, safeguards, and health and wellness.

Analysis: The percentage of persons receiving Division funding who have improved quality of life has increased from 63% to 93% over the past five years. The improvement in Utah may be due to the Division’s ongoing focus on training, evaluation, self-determination, and supports designed to reflect the consumer’s personal preferences. Utah is well above the national numbers (approximately 66%).

Future Actions: During FY03, the Division will test several quality review options and determine how quality measurement may be improved for the coming year.

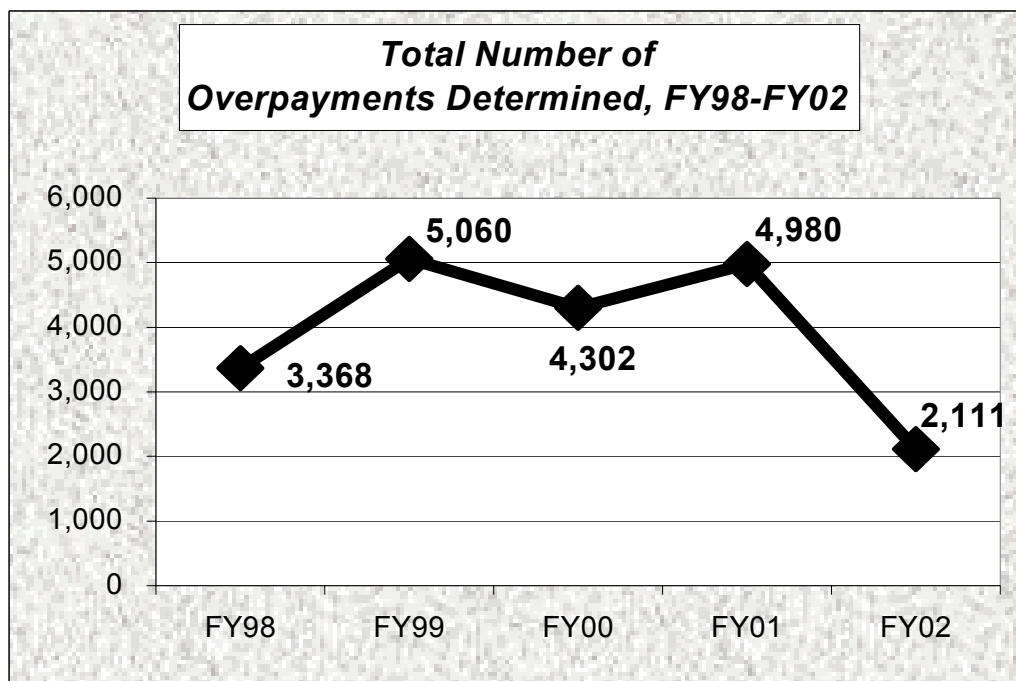
Outcome: The Department Maintains the Public's Trust

Indicators

- Overpayments Determined (ORS)
- Total Public Assistance Investigations Completed (ORS)
- Total Medicaid Collections (ORS)
- Total Medicaid Cost Avoidance (ORS)
- Public Assistance Child Support Cases who are Paying on Current Orders (where order established) (ORS)

OVERPAYMENTS DETERMINED

Source: Office of Recovery Services



Definition: The number of public assistance overpayment obligations (not obligors, as an individual may have more than one overpayment obligation) determined as valid or invalid based upon the review and adjudication of the obligation.

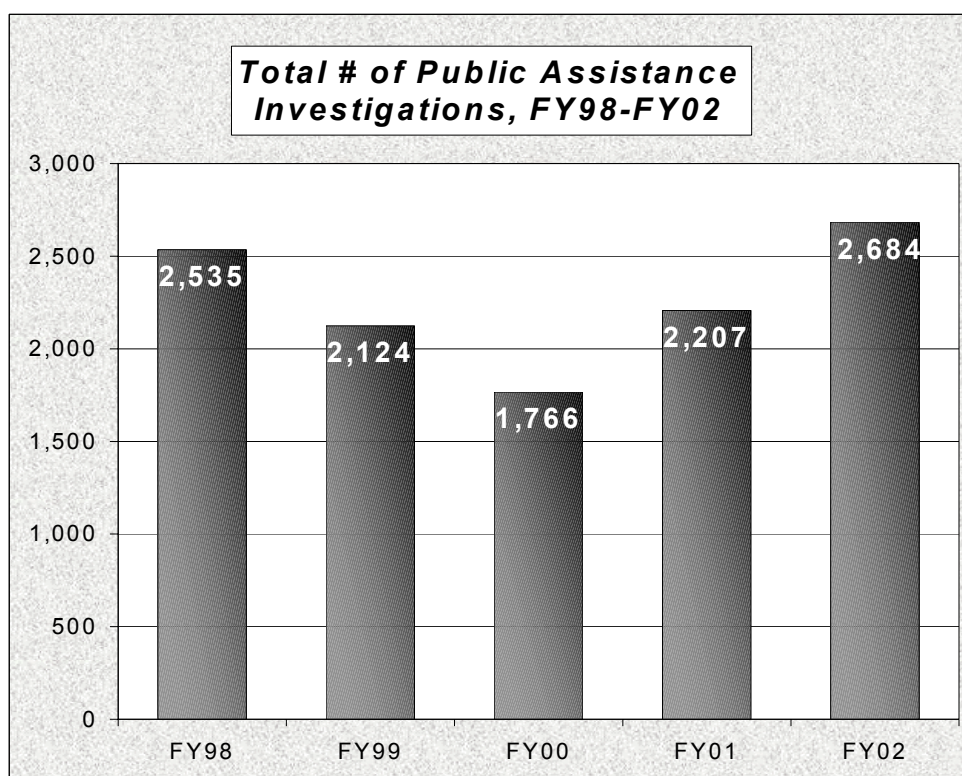
Analysis: Overpayment referrals are received via the Office of Recovery Services Information System (ORSIS) and via the Public Assistance Case Management Information System (PACMIS). Overpayments may be due to an agency error or the inadvertent or intentional fault of the recipient. This measure demonstrates the Office of Recovery Services' (ORS) responsiveness to referrals of possible public assistance overpayments. This measure also demonstrates how effectively ORS conducts investigations and establishes evidence sufficient to determine that an overpayment has occurred. The establishment of debts, and the

resulting collections, help to ensure that public assistance funds are used efficiently and are available for those who are eligible for assistance. In FY02, the number of overpayments determined dropped from 4,980 to 2,111. During this year, referrals, investigations, and calculation of public assistance overpayments was transferred from the Office of Recovery Services to the Department of Workforce Services.

Future Actions: ORS will maintain this function for the first four months of FY2003 then transfer the responsibility to the Department of Workforce Services. During these four months, ORS will establish and meet timeframes for the establishment of Food Stamp overpayments in accordance with newly published Department of Agriculture regulations.

TOTAL PUBLIC ASSISTANCE INVESTIGATIONS COMPLETED

Source: Office of Recovery Services



Definition: The total number of investigations that were closed in the Office of Recovery Services Information System (ORSIS) in response to applicable referrals for alleged public assistance (Family Employment Program, Food Stamps, Medicaid, and Child Care) fraud.

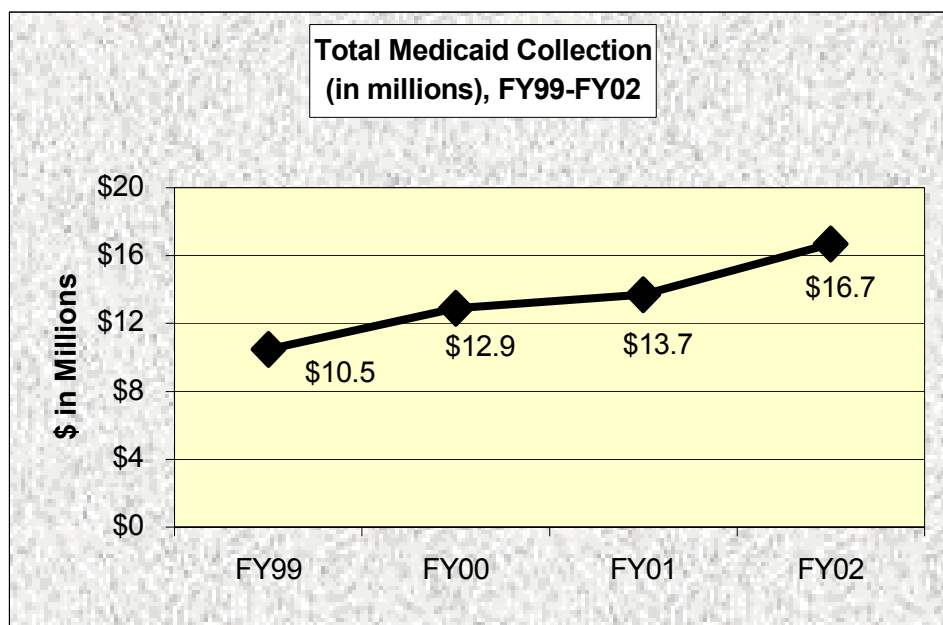
Analysis: This measure demonstrates the volume of suspected overpayment occurrences and/or entitlement program violations reported to Office of Recovery Services (ORS) and the capacity of ORS to conduct thorough investigations. Referrals are received from the public through the “Fraud Hotline” and through the Internet, as well as from the Department of Workforce Services and other state and federal agencies.

The number of referrals received by ORS varies based upon Department of Workforce Services’ eligibility staff turnover rates, since these rates affect the workers’ knowledge of eligibility and investigation referral procedures. The number of investigations completed will fluctuate based on the number of referrals received and the number of staff available to complete these investigations.

Future Actions: Effective July 1, 2002 the investigation function was taken over by the Department of Workforce Services. Future reporting for Public Assistance Investigations will be handled by the Department of Workforce Services.

TOTAL MEDICAID COLLECTIONS

Source: Office of Recovery Services



Definition: Total amount collected from responsible third parties to reimburse Medicaid expenditures.

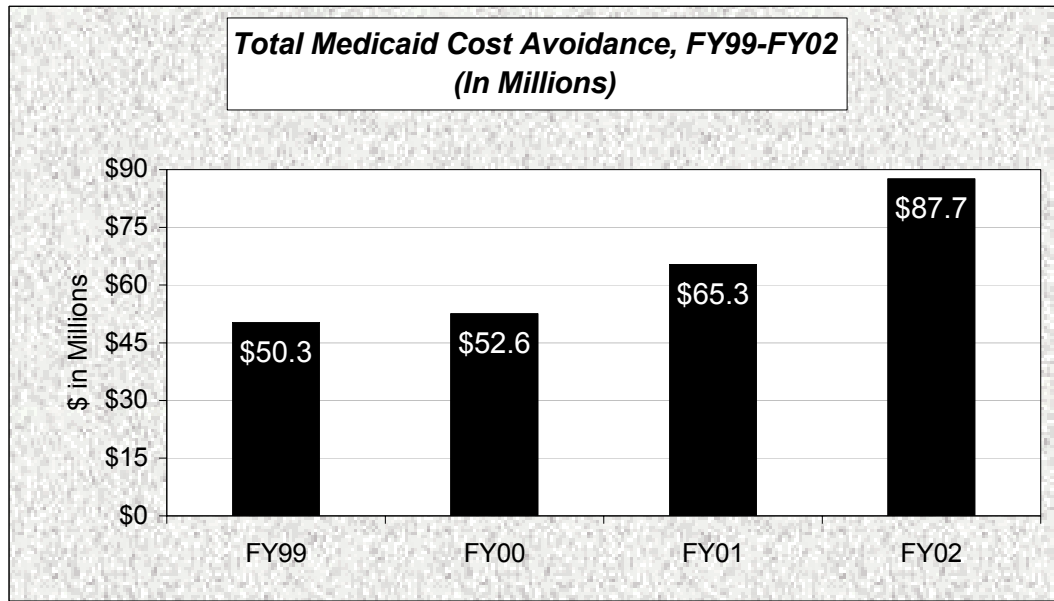
Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) identifies Medicaid expenditures and pursues payment from third parties. Payment may be collected from private health insurance, tort recovery (Medicaid recipients are required by law to assign their third party medical benefit rights to the state), or estate recovery (for

Medicaid expenses paid after age 55). Medicaid collections have increased by 59% in the past four fiscal years (22% since FY01). Increased efficiencies resulting from automated, electronic matching procedures with several large insurance carriers have contributed to this success.

Future Actions: ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

TOTAL MEDICAID COST AVOIDANCE

Source: Office of Recovery Services



Definition: Total Medicaid expenditures that have been avoided due to the identification of responsible third party payers. These payers directly pay for the services received by Medicaid eligible patients.

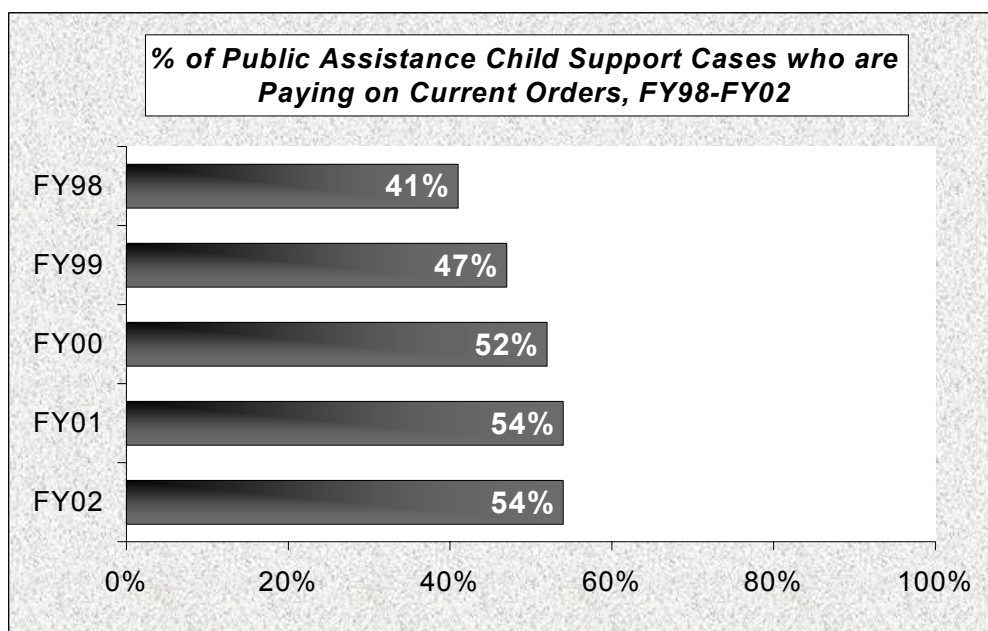
Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) identifies liable third parties. Medicaid expenditures are avoided, and costs related to seeking reimbursement from third parties are reduced. Total Medicaid cost avoidance has experienced a substantial increase of 34% in the

last year and 74% in the past four years. This success is due, in part, to the automated, electronic matching program with insurance carriers. This process helps to ensure that Medicaid resources are used efficiently and are available for those who are eligible for assistance.

Future Actions: ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

PUBLIC ASSISTANCE CHILD SUPPORT CASES WHO ARE PAYING ON CURRENT ORDERS (WHERE ORDER ESTABLISHED)

Source: Office of Recovery Services



Definition: The number of public assistance (IV-A) child support cases in which at least one payment was received within the most recent three months divided by the total number of IV-A child support cases.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) is able to collect current and overdue child support to reimburse the state for public assistance expenditures. This reimbursement helps to ensure that public assistance funds are used efficiently and are available for those who are eligible for assistance.

The percent of IV-A payments on current child support orders shows a steady increase from FY98 to FY01, and stable in the past year. This improvement is due to a number of factors,

including staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to ORS' computer information system contribute to the increased percentage.

Future Actions: ORS will continue in-depth, ongoing training for staff, as well as ensure that program policy is available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

Outcome: The Department Delivers Quality Services

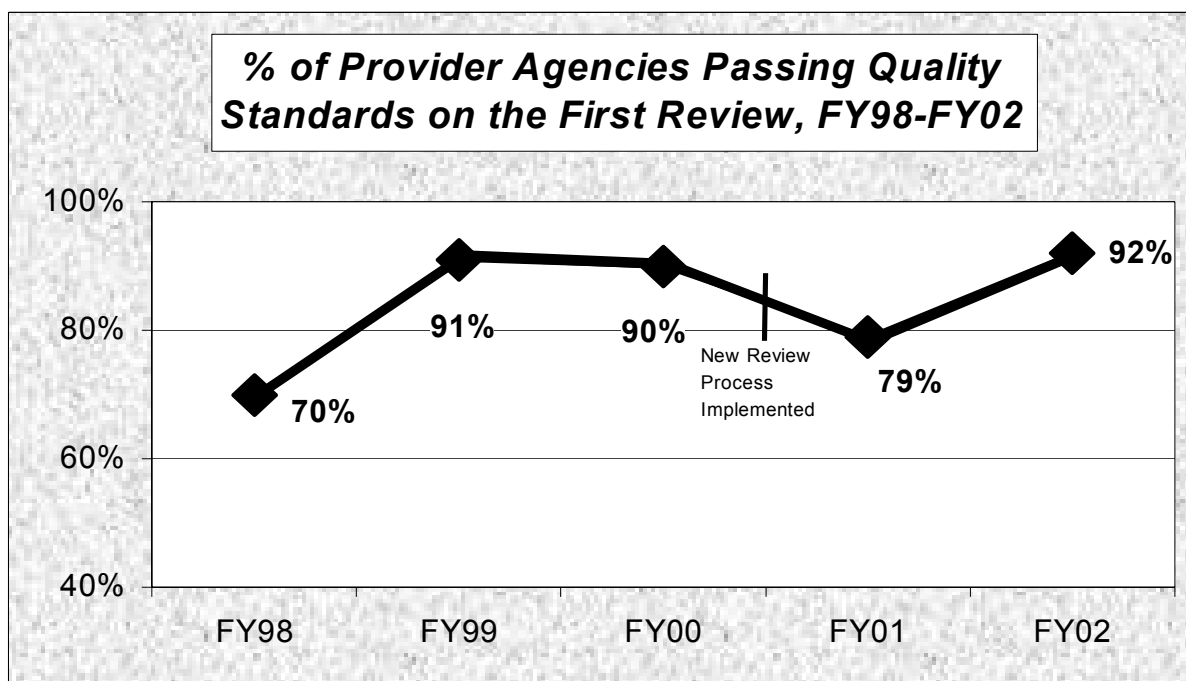
- ▶ Adherence to Preferred/Best Practices
- ▶ Consumer Satisfaction
- ▶ Consumer Accessibility to Services
- ▶ Consumer Responsibility
- ▶ Staff Management

Adherence to Preferred/Best Practices

- Provider Agencies Meeting Criteria for Successful Results on First Review (DSPD)
- Qualitative Case Reviews Passing the Overall Score for Client and Family Status (OSR)
- Cases Reaching Goal in Case Process Review (OSR) *NEW*
- Substance Abuse Providers Consistently Using ASI and ASAM (DSA) *NEW*
- Mental Health Services Consistent with Preferred Practice Guidelines (DMH) *NEW*

PROVIDER AGENCIES MEETING CRITERIA FOR SUCCESSFUL RESULTS ON FIRST REVIEW

Source: Division of Services for People with Disabilities



Data Source: Quality Enhancement Data Set

Definition: The percentage of provider agencies that passed the quality standards set by the Division of Services for People with Disabilities on the first review for FY98 to FY02 is shown in the chart above. For a provider agency to pass the quality review, a trained reviewer must find an average of 13 out of 25 personal outcomes and 15 out of 25 supports present for each person in service and the agency must be free from corrective action. The percentage of providers passing the quality review is found by dividing the total number of agencies passing the first quality review by the number of agencies surveyed each year.

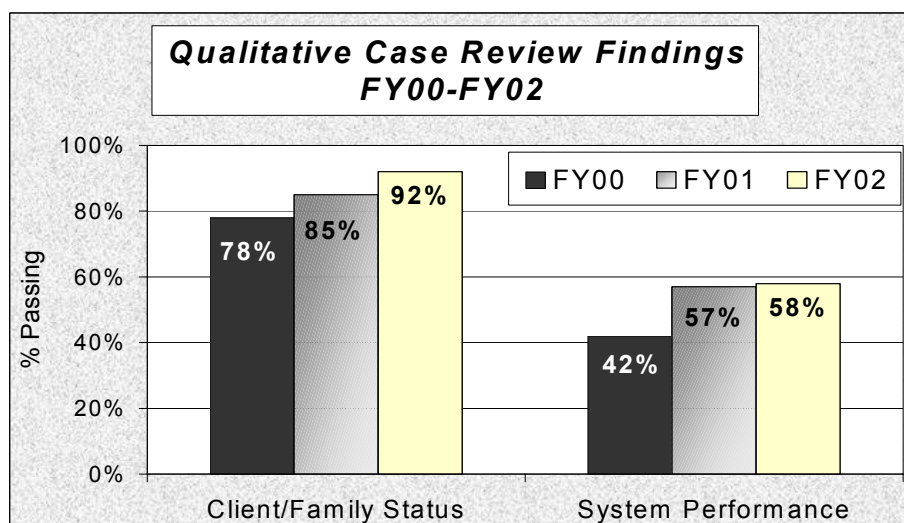
Analysis: The percent of providers passing on the first review increased significantly since last year--from 79% to 92%, indicating that providers were more prepared for the Division's more comprehensive review process

implemented in FY01. This new process included a focus on contractual agreements providers make with the Division, and resulted in fewer providers passing in their first review in FY01. The focus on provider quality and contract compliance shows the Division's devotion to continuous improvement activities, endeavors, and system redesign that make a difference in the lives of people with disabilities.

Future Actions: In FY03, the Division will work with provider agencies to develop a new quality review process.

QUALITATIVE CASE REVIEWS PASSING THE OVERALL SCORE FOR CLIENT AND FAMILY STATUS

Source: Office of Services Review



Definition: The Qualitative Case Review process assesses the performance of the Division of Child and Family Services (DCFS) in achieving practice as outlined in the Division's Performance Milestone Plan.

The Child and Family Status review assesses the child's: safety, stability, appropriateness of placement, permanence, health/physical well-being, emotional/behavioral well-being, learning progress, caregiver functioning, family resourcefulness, and satisfaction. The overall score takes into consideration the importance (weight) of each item.

The System Performance review assesses: child/family participation, service team operation/coordination, functional assessment, long-term view, plan implementation, resource availability, successful transitions, effective results, and tracking adaptation.

Analysis: The case review results improved significantly from FY01. As the chart indicates, children served by DCFS are doing very well--92% of cases reviewed passed the overall score for Client and Family Status. For the first time

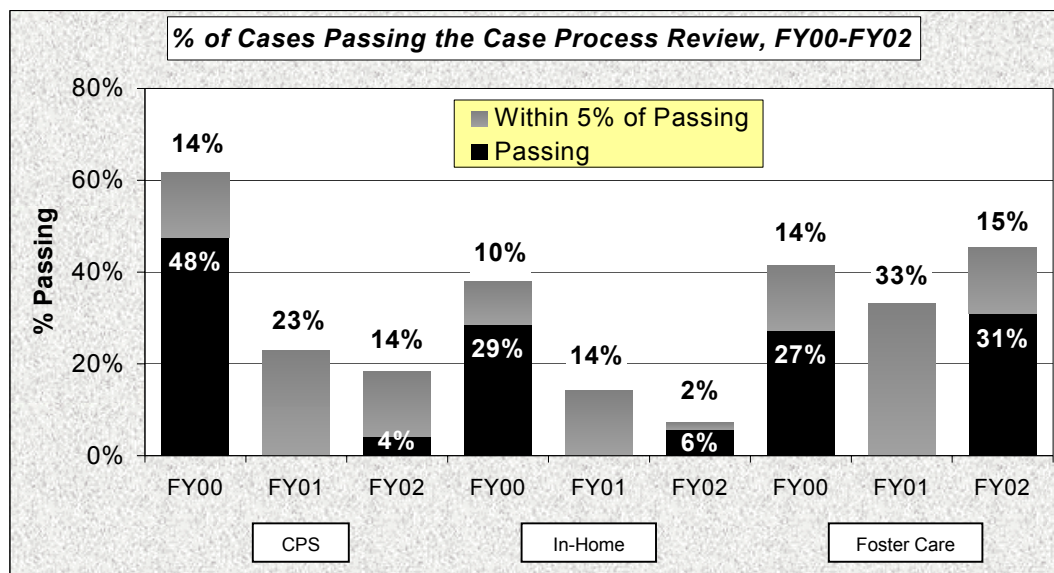
since the reviews started, all regions met the 85% criteria on Child Status. Results of the System Performance reviews remained stable.

Future Actions: The Qualitative Case Review reports for each region identify practice development opportunities and recommendations. As in prior years, the Office of Services Review (OSR) this year will conduct regional training sessions and help develop ongoing assistance to individual caseworkers and teams. In addition, each region will involve OSR to help the region implement its individual action plan to improve region performance. To demonstrate performance sufficient to exit from the Performance Milestone Plan, each region must reach the following goals in two consecutive reviews:

- 85% of cases attain a passing score on the Child and Family Status scale.
- 85% of cases attain a passing score on the System Performance scale, with core domains attaining at least a 70% rating

CASES REACHING GOAL ON CASE PROCESS REVIEW

Source: Office of Services Review



Definition: The Case Process Review (CPR) measures how well the Division of Child and Family Services (DCFS) achieves certain state statute and policy requirements and helps measure how well the Division satisfies Practice Model requirements.

The Case Process Review evaluates three program areas: Child Protective Services (CPS), Home-Based Services and Foster Care Services. A statistically significant number of case files are pulled and reviewed from each program area statewide. Case readers review the file to determine whether documentation meets policy requirements. The performance goals for the case process review are either 85% or 90% compliance rate depending on the area evaluated.

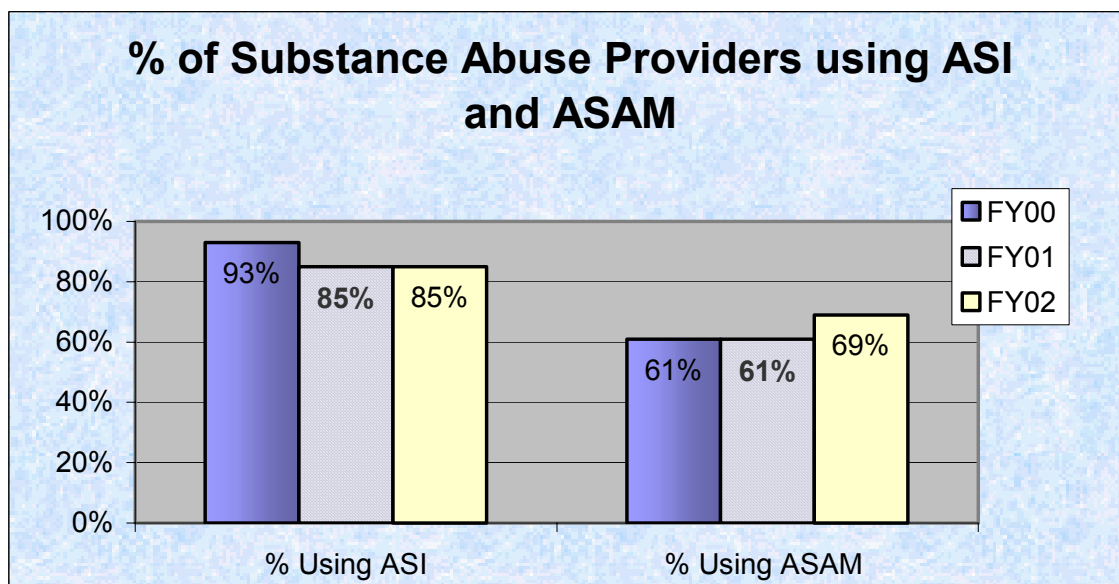
Analysis: The FY02 review results show a majority of the areas improved over FY01 and many items reached or exceeded the target goal. For example, DCFS focused on initiating service to families when needed, resulting in a score of 86% compliance, which is a 10-percentage point increase compared to last year. In Foster Care,

monthly visitation with the children by the caseworker increased significantly over the past year, as did the caseworkers' interviews with the out-of-home care providers about the child's progress. The scores for the first visit (two visits are required) averaged 90%. The average score for all six months of visits was approximately 78%. Some of the areas that still need improvement include teaming efforts, visits with parents and siblings, and timely completion of case plans.

Future Actions: As part of a continuous improvement process, the Office of Services Review (OSR) has partnered, and will continue to partner with DCFS to help caseworkers meet these goals. Among other efforts, OSR conducted trainings with workers, supervisors, and teams, and trained the division milestone coordinators in how to read and score the case process tool, thus allowing them to read case files with confidence that what they find will be similar to the results of the CPR review. Supervisors are using an "internet quality assurance" instrument, that mirrors the CPR tool, to evaluate worker performance and to help in training and mentoring workers.

SUBSTANCE ABUSE PROVIDERS CONSISTENTLY USING ASI AND ASAM

Source: Division of Substance Abuse



Definition: The Division of Substance Abuse and Mental Health requires that all publicly funded substance abuse providers use the Addiction Severity Index (ASI) to assess substance abuse patients prior to treatment and use the American Society of Addictions Medicine (ASAM) placement criteria to determine the appropriate level of treatment for the patient. To determine whether providers are using these instruments consistently, the division annually reviews a representative sample of client case files each year for compliance.

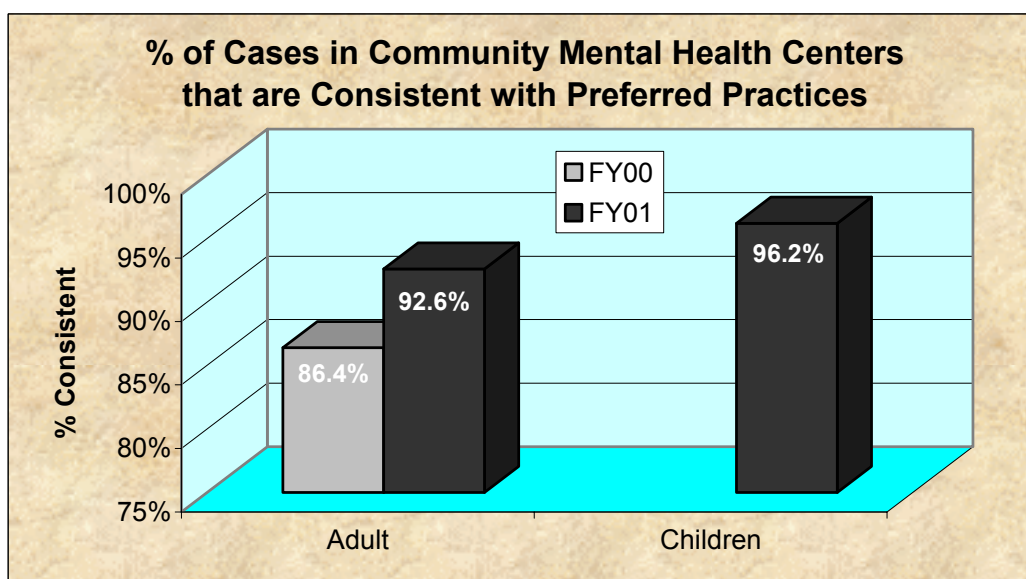
Analysis: Although the graph shows a decline in ASI compliance, the local providers have improved in this area. A new electronic, self-administered version of the ASI was introduced in FY01 to improve clinical practice and accuracy of data. This new technology caused

some setbacks in ASI implementation. In addition, some providers have experienced information systems issues that have prevented full implementation. ASAM compliance, however, has improved.

Future Actions: The Division continues to pursue 100% compliance with ASI and ASAM for all adult patients by offering training and technical assistance to the providers. The Division is also working on a standardized assessment for adolescent patients. The Treatment Committee, chaired by Division staff, is working to define and clarify ASAM patient placement criteria and documentation for providers to improve compliance with this standard.

MENTAL HEALTH SERVICES CONSISTENT WITH PREFERRED PRACTICE GUIDELINES

Source: Division of Mental Health



Definition: The chart above provides results from the quality of care reviews conducted in community mental health centers that have Medicaid prepaid contracts. The Division reviewed eight centers to determine their consistency with preferred practice guidelines. Guidelines for adults included disorders of anxiety, borderline personality, mood, and psychosis. A number of criteria were rated in each disorder as either full compliance, partial compliance, not in compliance, and not rated. When a rating was not in compliance, it was rare that it applied to more than one or two criteria out of 6 to 10 criteria. Children's data were only available for FY01, while Adult data were available for both FY00 and FY01.

Analysis: In FY00, 86.4% of the adult cases reviewed were in full or partial compliance (N = 102). The level of compliance improved to 92.6% (N = 99) in FY01. The level of compliance for children in FY01 was 96.2% (N = 96). The FY01 figures for both adults and children are very high leaving little room for improvement in the future for the four diagnostic categories.

Future Actions: In the future, the Division will break out full and partial compliance to determine where progress can be made. In the meantime, individual therapists will receive training in the criteria where they were out of compliance for a particular client.

Consumer Satisfaction

- Clients Satisfied with Services (DHS)
- Clients Feeling they were Included in Decisions about Services (DSAMH)
- Valid Complaints to Office of Child Protection Ombudsman (OCPO)

CLIENTS SATISFIED WITH SERVICES

Source: Represented Divisions

Division	Question (FY02)	Population	Rating
Aging and Adult Services	Home Delivered Meals Most of the meals are great	1,961 people receiving meals	67% Agree
	I feel better because of the meal I get.		82% Agree
	Case Management On the whole, my case manager does a good job setting up care for me	734 people receiving case management services	93% Agree
	My case manager is very knowledgeable about the services that are available		90% Agree
Services for People with Disabilities	Are you satisfied with the services you receive?	168 people participating in Outcomes Measurement Study	78% Agree
Mental Health	I would recommend this center to a friend or family member.	1,750 adult clients of Community Mental Health Centers.	78% Agree
	Overall, I am satisfied with the services I received	472 youth clients of Community Mental Health Centers	81% Agree
Substance Abuse	I liked the services that I received here.	392 clients participating in an outcomes study.	94% Agree
	I would recommend this agency to others		94% Agree

Definition: A number of divisions within the Department of Human Services conduct consumer satisfaction surveys. Each division asked questions differently, of very different populations and population sizes, and on different schedules, therefore comparing results across divisions is not recommended. During FY02, the Divisions of Services for People with Disabilities, Substance Abuse, Mental Health, and Aging and Adult Services conducted consumer satisfaction surveys. The results are presented above.

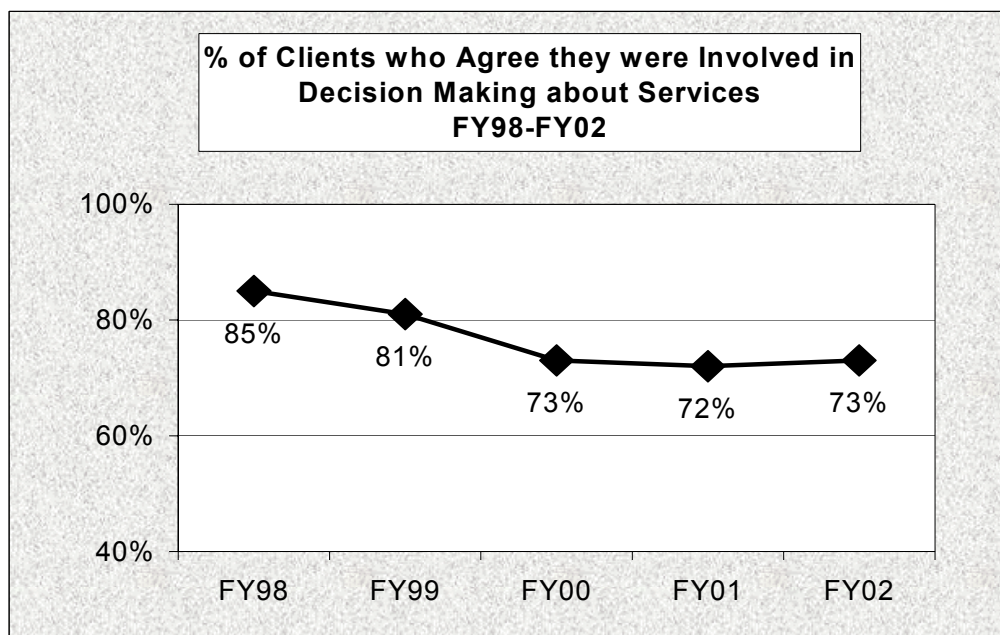
Analysis: In general, the survey results are not representative of the total population served

by each division. However, the results provide useful information regarding division performance. Overall, clients who responded to the surveys were satisfied with the services they received from their respective divisions.

Future Actions: Each division's survey identified areas where the division could improve in its services. The divisions will work with their staff and providers to improve services to clients. The Divisions of Child and Family Services and Youth Corrections are planning surveys for next year.

CLIENTS FEELING THEY WERE INCLUDED IN DECISIONS ABOUT SERVICES

Source: Division of Mental Health



Definition: The Division of Mental Health (DMH) administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I have been included in the decisionmaking about my services.”

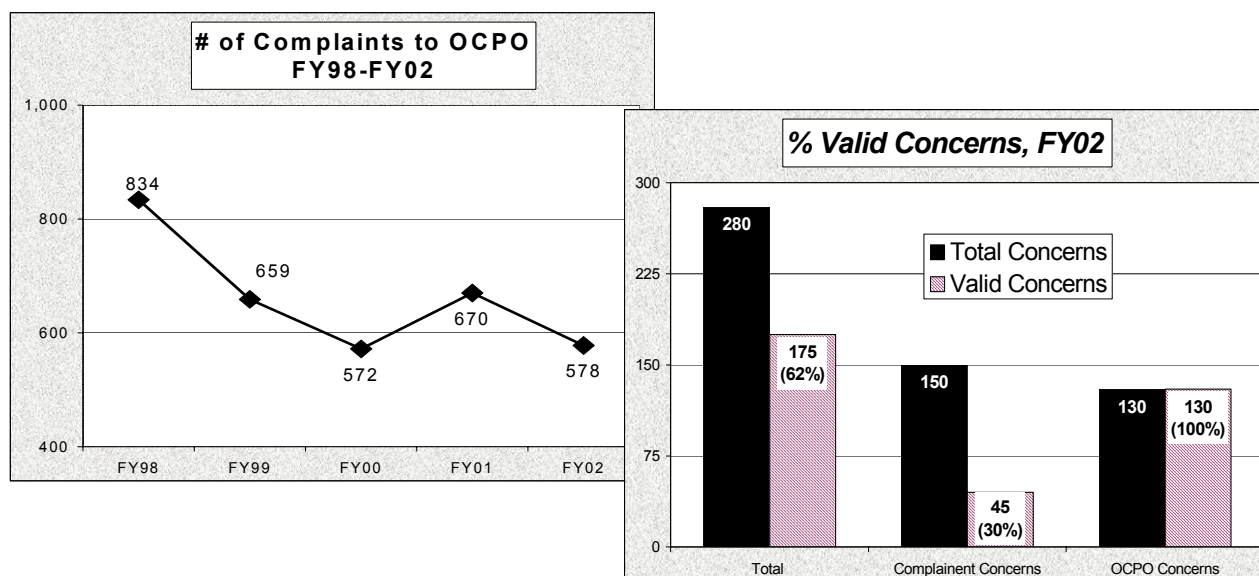
Analysis: The graph above indicates that nearly three-quarters (73%) of clients felt they were involved in making decisions regarding

their services. This is consistent with the past two years but represents a decline from the late 1990s.

Future Actions: Community Mental Health Centers will examine the data and determine if staff attitudes have changed in the negative direction. If so, centers will be encouraged to provide inservice training to correct the problem.

VALID COMPLAINTS TO OFFICE OF CHILD PROTECTION OMBUDSMAN

Source: Office of Child Protection Ombudsman



Definition: The charts above show 1) the number of complaints that OCPO received in the past year, and 2) the number of concerns they investigated related to the complaints and the number of those concerns they found valid.

Analysis: The Office of Child Protection Ombudsman (OCPO) acts as an independent advocate for children and families served by Utah's Division of Child and Family Services (DCFS). OCPO investigates complaints regarding DCFS, and when necessary, refers people to appropriate agencies, recommends changes in policy, and identifies ways to improve services provided by DCFS.

Overall, OCPO received 578 complaints (down from 670 in FY01) regarding DCFS services, of

which 166 (28%) were provided with the needed information, 287 (49%) were referred to DCFS, and 112 (19%) were investigated. The 112 investigated complaints contained 280 individual concerns--60% of these were found to be valid. Most complaints focused on inadequate CPS investigations, inadequate services provided by DCFS, and foster children not being returned home.

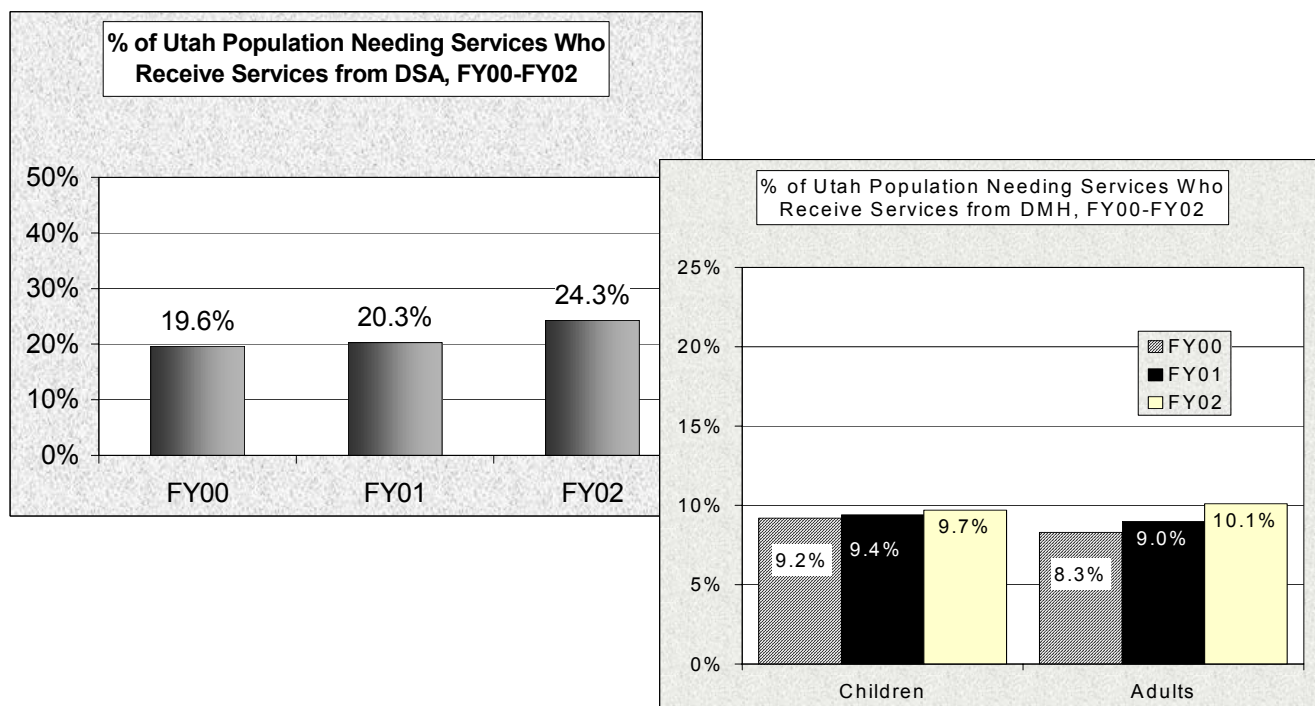
Future Actions: As part of OCPO's efforts to improve and enhance the services provided to customers, OCPO is reviewing its processes to determine where it could be more efficient and effective. In addition, the Office is conducting a customer survey to determine concerns and suggestions for improvement.

Consumer Accessibility to Services

- Utah Population Needing Services Served by the Mental Health and Substance Abuse Systems (DSA and DMH)
- Adult Clients Saying they were able to get Services they Needed (DMH)
- Children in DCFS Custody who have Initial Health and Dental Exams within Specified Time Frames (DCFS)

UTAH POPULATION NEEDING SERVICES SERVED BY THE MENTAL HEALTH AND SUBSTANCE ABUSE SYSTEMS

Source: Divisions of Substance Abuse and Mental Health



Definition: The percent of those needing treatment in the State was determined from recent prevalence estimates and needs assessment surveys. These percentages were applied to state census data.

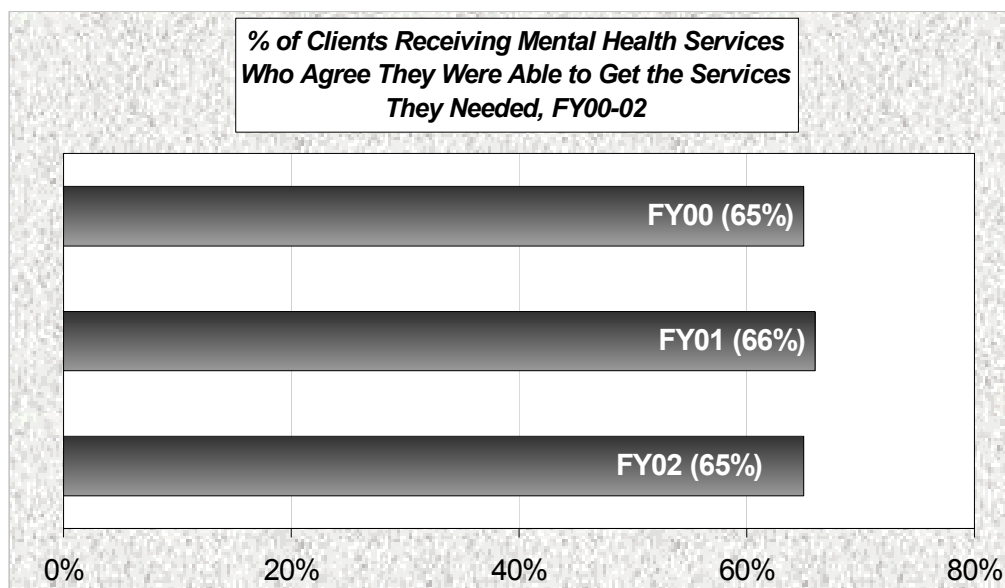
Analysis: Using estimates from national studies, about one in five children and adults in the community have diagnosable mental disorders during a given year. Only about one-tenth (9.7%, 10.1%) of these populations received public mental health services in Utah in FY02. The mental health system primarily focuses on a subset of this population defined as mentally ill.

Approximately 77,700 adults in Utah are either dependent on or abusing drugs and/or alcohol and are in need of the help that our local services provide (Figure based on data from the 2000 Needs Assessment Survey). Of those, the treatment provider network in Utah was able to serve approximately 19,000 (24%)—a higher percentage than those served in other states.

Future Actions: In cooperation with Local Substance Abuse Authorities and Community Mental Health Centers, the Division will develop policies and procedures to deliver quality services to as many people as possible using limited resources.

ADULT CLIENTS SAYING THEY WERE ABLE TO GET SERVICES THEY NEEDED

Source: Division of Mental Health



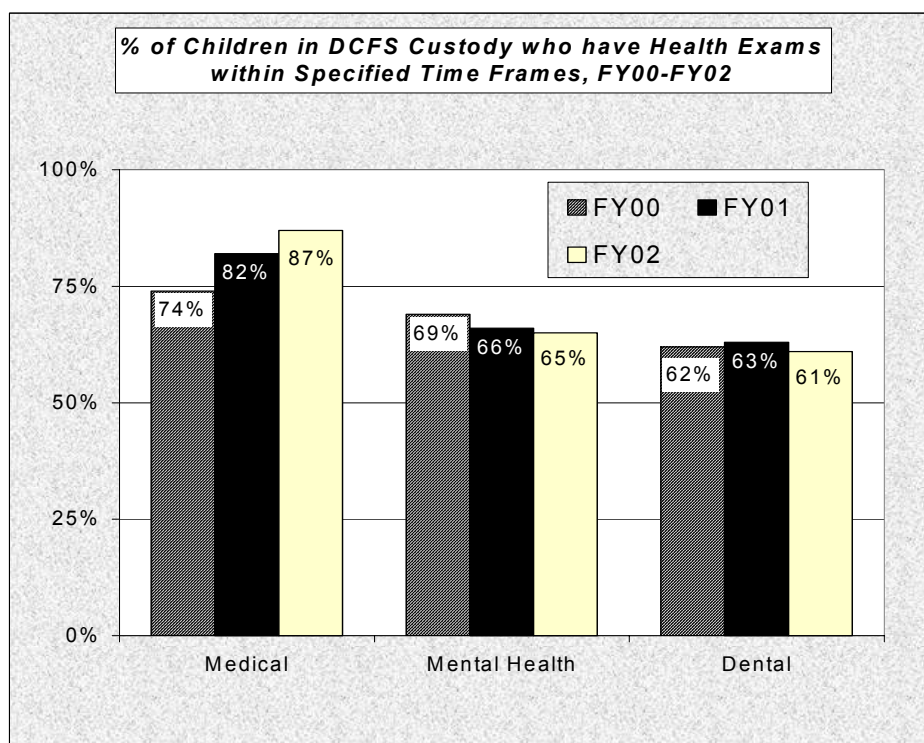
Definition: The Division of Mental Health (DMH) administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I was able to get the services I thought I needed.”

Analysis: The graph above indicates that nearly two-thirds (65%) of clients felt they were able to get the services they needed from Community Mental Health Centers. This result is similar to the last two year’s on this question.

Future Actions: The observed results are similar to other states on this question. Individual centers that fall significantly below 65% will be encouraged to track services carefully and make service improvements.

CHILDREN IN DCFS CUSTODY WHO HAVE INITIAL HEALTH AND DENTAL EXAMS WITHIN SPECIFIED TIME FRAMES

Source: Division of Child and Family Services



Definition: Data were obtained by looking at all children entering care who were in custody at least 30 days. Medical and mental health assessments are due within 30 days of the child coming into DCFS custody. Children over age three receive a dental examination within 30 days of removal from their home. Thereafter, these exams are due annually. The percentage of children receiving medical and mental health screenings and dental health examinations within 40 days of entering custody was determined. Forty days was used to give workers a ten-day grace period to complete health exams.

Analysis: These data show that the majority of children's medical needs are reviewed when children first come into DCFS custody. In total, 97% of children in foster care received medical, dental, and mental health assessments prior to

exiting care. The percent of children who receive timely medical exams has continued to rise over the past three years, while the percent of mental health and dental exams has remained stagnant. The Division will work to ensure that all children receive timely health assessments and care. In rural areas, less access to dental and mental health providers may cause delays.

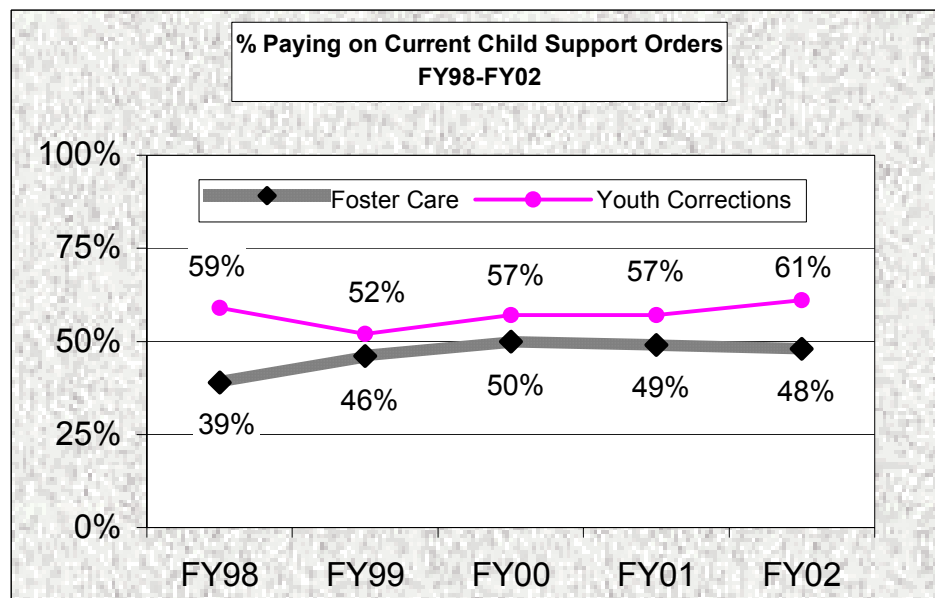
Future Actions: DCFS' goal is to ensure that all children in DCFS custody receive necessary medical, dental, and mental health care within the prescribed time frame.

Consumer Responsibility

- Families with Children Receiving Services from DHS Paying on Current Orders (where order was established) (ORS)
- Victim Restitution Paid and Community Service Hours Completed (DYC)
- Substance Abuse Clients who Successfully Discharge from Treatment (DSA) *NEW*
- AWOLs from the Utah State Hospital (DMH)
- Paternity Resolved (ORS)

FAMILIES WITH CHILDREN RECEIVING SERVICES FROM DHS PAYING ON CURRENT ORDERS (WHERE ORDER IS ESTABLISHED)

Source: Office of Recovery Services



Definition: The number of families whose children are in the care/custody of the state from whom at least one payment was received within the most recent three months divided by the total number of families with children in the care/custody of the state.

Analysis: This measure indicates how well the Office of Recovery Services (ORS) is able to collect past and current child support for children receiving services through the Department. These collections offset costs associated with providing services, thus helping to ensure appropriate use of funds as well as future availability of services.

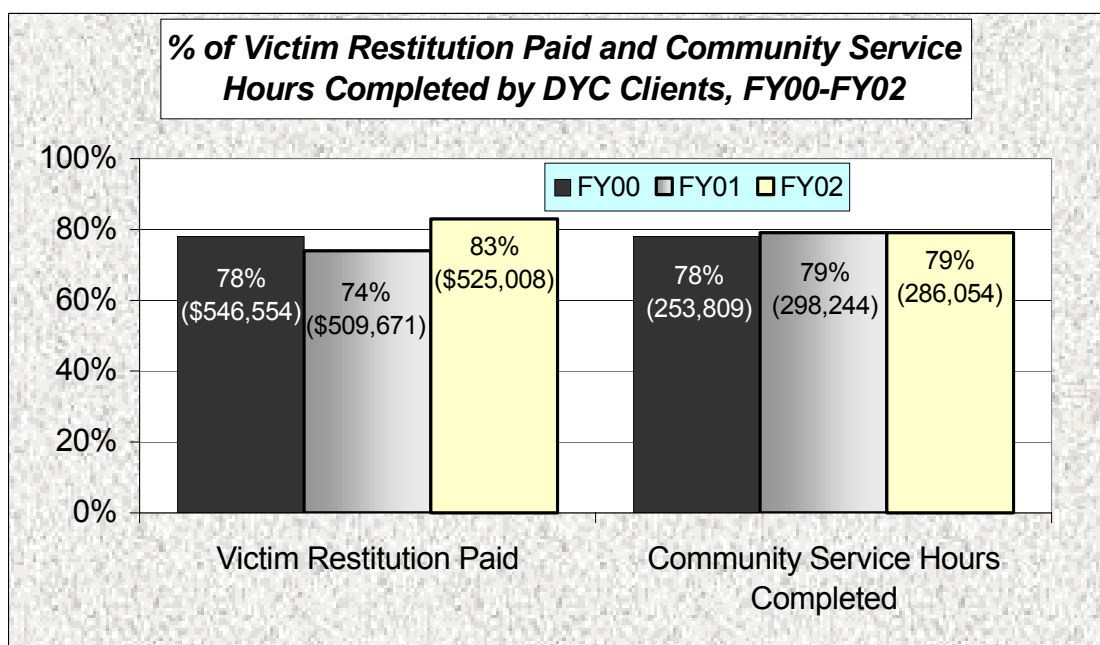
The percent of payments on current orders for children in foster care was stable in the past

fiscal year, while payment for children in Youth Corrections increased by 4 percentage points.

Future Actions: ORS will continue in-depth, ongoing training for staff, as well as ensure that program policy is current and available to staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. In addition, recent improvement in the process of receiving custody orders from the Juvenile Court is anticipated to contribute to the efficiency of establishing child support orders. This will allow collection to begin more quickly.

VICTIM RESTITUTION PAID AND COMMUNITY SERVICE HOURS COMPLETED

Source: Division of Youth Corrections



Definition: The figures in the chart above indicate the percentage of total community service hours completed and victim restitution paid prior to custody termination. The chart also includes the total number of community service hours completed and the total amount of restitution that was paid for FY00 to FY02.

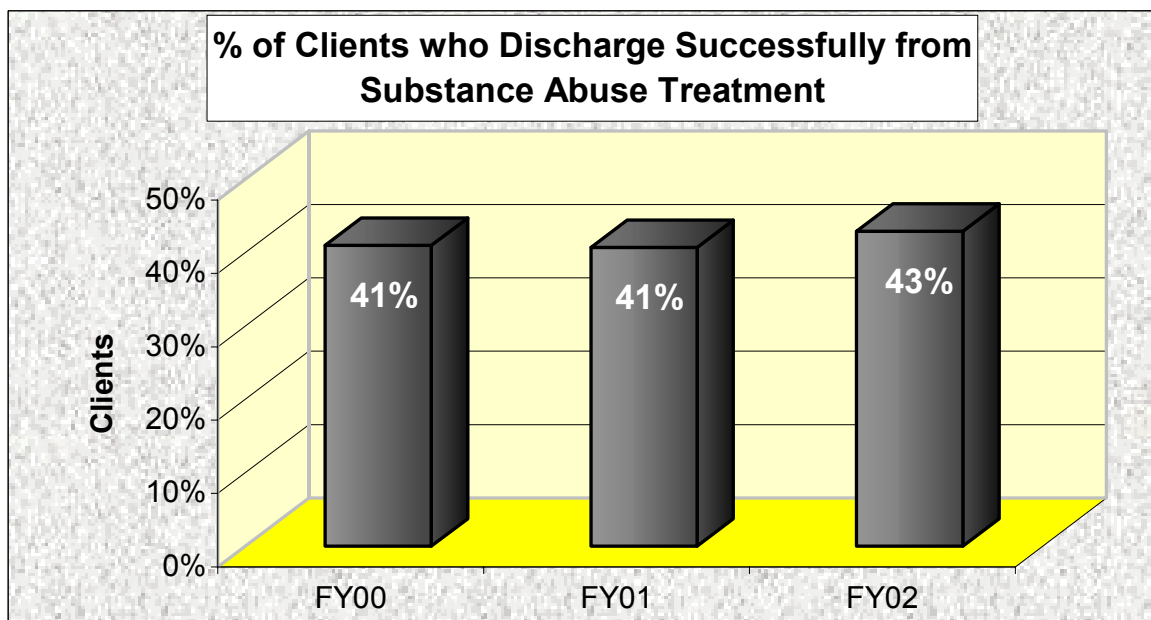
Analysis: An important objective of the Division of Youth Corrections (DYC) is to help youth make amends for their delinquent behavior. To do this, youth receive court orders to do community service hours and/or pay restitution to their victims prior to custody termination. By the time they were terminated

from DYC custody, clients completed 286,054 community service hours (79%) and paid \$525,008 in victim restitution, which is 83% of the total amount ordered. While the community service hours completed remained fairly stable, the amount and percent of victim restitution paid increased significantly.

Future Actions: DYC and the courts are joining their efforts to expand the number of community service opportunities available to youth. This, in turn, will increase the paid restitution and community service hours worked.

SUBSTANCE ABUSE CLIENTS WHO SUCCESSFULLY DISCHARGE FROM TREATMENT

Source: Division of Substance Abuse



Definition: After discharge from substance abuse treatment, it is determined whether each client successfully completed the prescribed treatment. Reasons for discontinuing services include leaving against professional advise, incarceration, and termination by the facility due to rule violations.

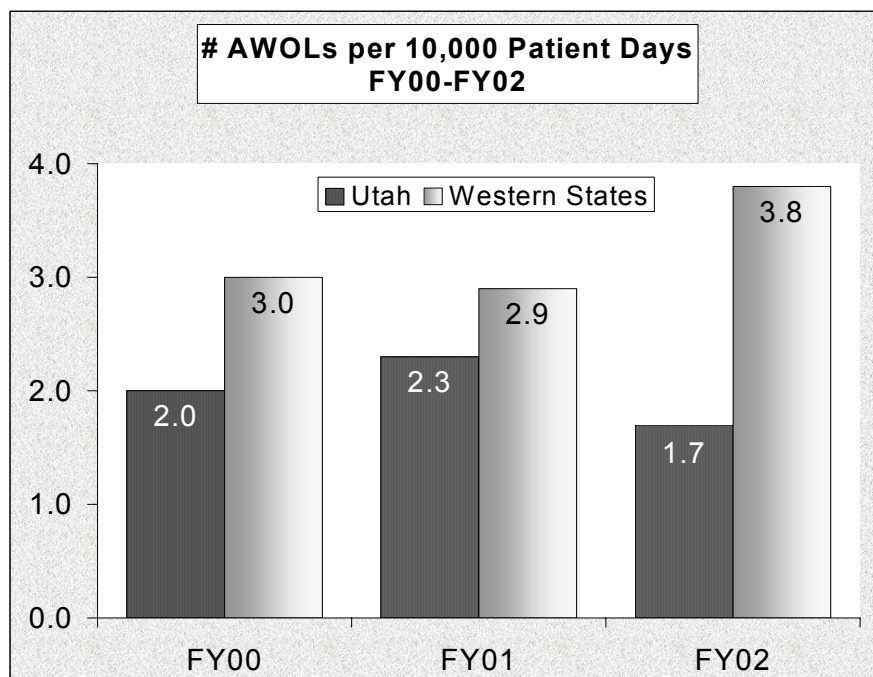
Analysis: The percentage of clients who successfully complete substance abuse treatment has increased 5.6% from FY2000 to FY2002. Many patients leave treatment when they are near the end of treatment but are not officially discharged from treatment. These are patients are not counted in this statistic. Because many providers define “successful” discharge

differently, this graph represents only those who complete all or most of their treatment objectives. Many more are successful after they leave treatment, even without an official discharge.

Future Actions: The Division is continually striving to improve the outcome of substance abuse treatment. The Division is focused on science-based treatment to ensure quality services. Measures are also being taken to more accurately track the results of client services by developing electronic assessments and data tools.

AWOLS FROM THE UTAH STATE HOSPITAL

Source: Utah State Hospital, Division of Mental Health



Definition: The number of AWOLs (clients that have left the State Hospital without permission) at the Utah State Hospital per 10,000 patient days compared to the median number of AWOLs per 10,000 patient days for State Hospitals in 15 western states.

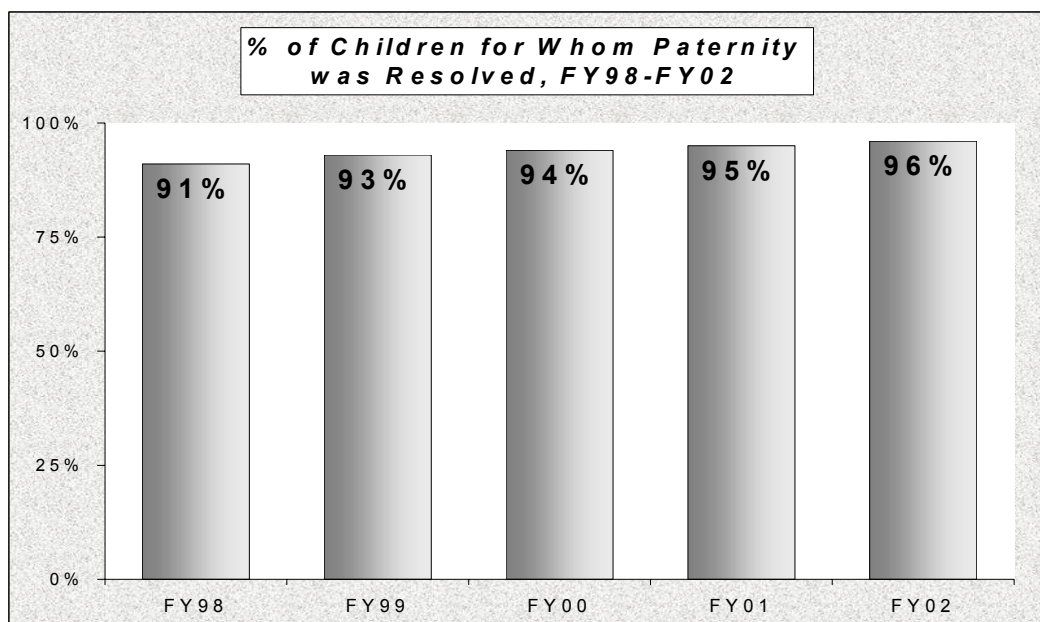
Analysis: The average number of AWOLs from the Utah State Hospital decreased in the past year while the average number of AWOLs increased for the Western State Hospitals. For FY2002, the average number of AWOLs for the

Utah State Hospital was less than half the Western State median.

Future Actions: AWOLs will continue to be monitored by the Utah State Hospital.

PATERNITY RESOLVED

Source: Office of Recovery Services



Definition: The number of children who were either born in a marriage or for whom paternity has been acknowledged or established divided by all child support cases in a given month.

Analysis: The establishment of paternity is a critical step in the establishment and enforcement of child and medical support. This measure indicates how well the Office of Recovery Services (ORS) is able to locate alleged fathers, conduct genetic testing, and proceed with administrative or judicial establishment of paternity. It also demonstrates success in the larger social goals that: (1) as many children as possible should be born within marriage; but, (2) if children are born outside of marriage, their parents acknowledge them and

accept responsibility legally in public records. The percent of cases where paternity has been resolved continues to increase, reaching 96% in FY02. Success is due to a number of factors, including more and improved location resources, the availability of voluntary declarations of paternity, and the efficient use of the administrative process to establish paternity.

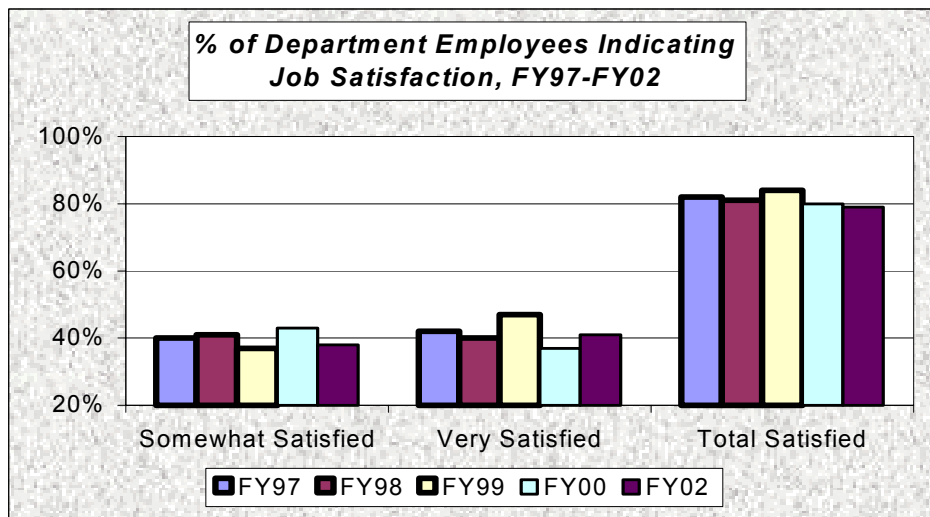
Future Actions: ORS plans, in cooperation with the Department of Health, to continue dissemination of voluntary declaration of paternity information to hospitals and clinics through the state. Development of new resources and tools for staff is ongoing.

Staff Management

- Employees Satisfied with their Employment. (EDO)
- Employees Leaving their Position at the State. (OHR)

EMPLOYEES SATISFIED WITH THEIR EMPLOYMENT

Source: Office of the Executive Director



Data Source: Utah Department of Human Services Employee Opinion Survey Results

Definition: The Executive Director's Office has conducted an Employee Opinion Survey nearly every February/March. Employees are asked a number of questions relating to their satisfaction with the Department. In FY02, 1,788 employees responded for a 40% response rate.

- I have a voice in the decisions made within my work group.

Analysis: Overall, employee satisfaction has been fairly consistent over the past six years, with approximately 79% of employees saying they are satisfied with their jobs. However, fewer employees indicated that they were at least as satisfied with their jobs this year as they were one year ago (61% in FY02 vs. 65% in FY00 and 71% in FY99). Areas where staff indicated most dissatisfaction included:

- Receiving praise or recognition for good work.
- Ideas are listened to and considered for implementation.
- Organizational policies are clearly communicated.
- Communication within the workgroup is accurate and timely.

However, the staff were very positive about other aspects of their employment. Items where staff were most positive included:

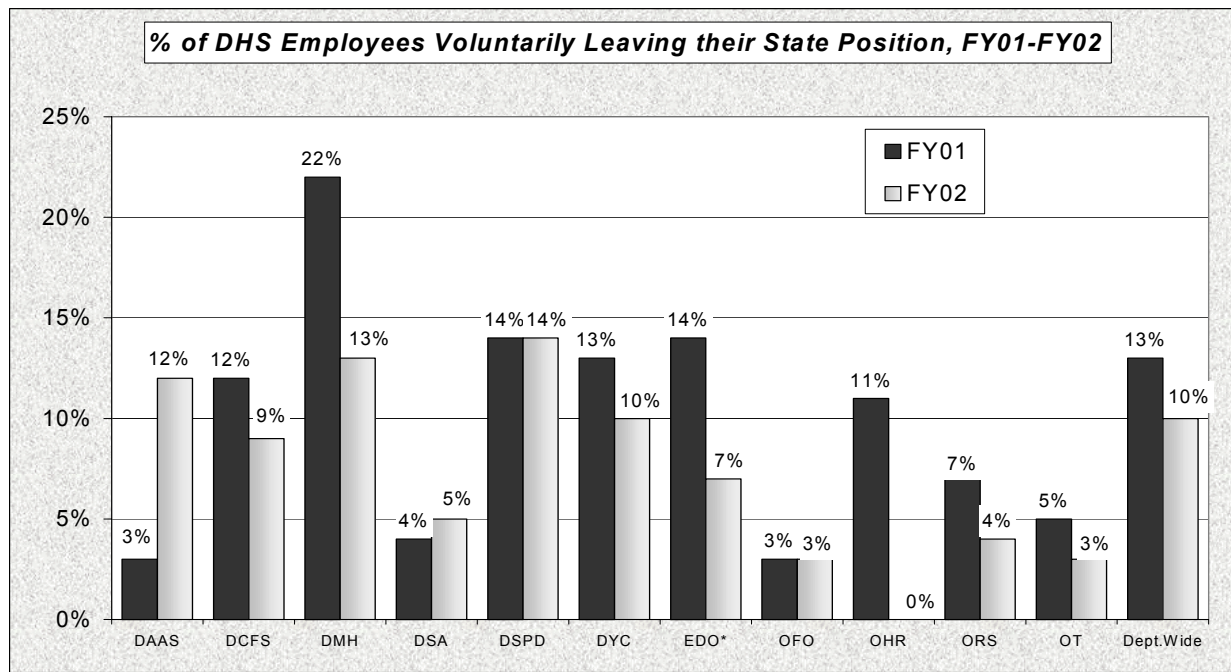
- Coworkers are committed to doing quality work.
- Coworkers cooperated to get the job done.
- Knowledge of where to get answers to questions, problems, or concerns.
- Work is a good match for skills and interests.
- Supervisor makes known his/her expectations.

The greatest predictor for employee satisfaction is whether an employee feels his/her ideas to improve service operations are listened to and considered for implementation. Unfortunately, it is currently an area where employees are least positive.

Future Actions: Each agency is working to develop strategies and activities to address the survey areas where their employees were least satisfied.

EMPLOYEES LEAVING THEIR POSITION AT THE STATE

Source: Office of Human Resources



* Includes the offices of Administrative Hearings, Administrative Support, and Licensing

Definition: The number of Department employees leaving State employment divided by the total number of Department employees as of July 6, 2002. Calculations include only those DHS employees that voluntarily left state employment. The count does not include temporary employees.

Analysis: The overall turnover rate for the Department is 10%--down three percentage points from last year. The turnover rate ranges from 0% in the Office of Human Resources to

14% in the Division of Services for People with Disabilities.

Future Actions: The Department will continue its efforts to improve employee satisfaction so employees are more likely to continue their work for the Department.

SUMMARY

SUMMARY

The Department of Human Services uses the data presented in this report, and other performance measures, to determine whether the Department, as a whole, and its individual agencies are moving in the right direction. The Executive Director's office feels these data accurately reflect how the Department is performing, and that these measures, overall, get to the heart of what the Department aims to accomplish—to enhance the quality of life for clients; foster self-reliance; encourage stable and nurturing relationships; and ensure children, adults, and families are safe in their homes and communities.

Overall, the Department aims to work with citizens to strengthen their capabilities and independence. The Department continues to make progress towards its goal of strengthening individuals and families. Specifically, last year the Department realized the following:

- Nearly three-quarters (74%) of individuals receiving substance abuse treatment did not use substances in the 30 days prior to discharge.
- 83% of those receiving treatment in community mental health centers either maintained or improved their general well being.
- Only 11% of patients at the State Hospital were re-admitted within 6 months of discharge. This percentage is among the lowest in the nation.
- 93% (compared to 71% in FY00 and 89% in FY01) of those persons with disabilities receiving supports had quality outcomes.
- Families receiving child support increased from 77% to 79% in the past year. Total child support paid to parents reached \$117 million—a 48% increase over the past five years.
- 92% of Division of Child and Family Services (DCFS) cases reviewed for the Qualitative Case Review attained a passing score for Client/Family Status (up from 85% in FY01) and 58% attained a passing score on system performance.
- 89% of children leaving DCFS custody do not reenter custody within a one year.
- 78% of children adopted from foster care are adopted within 24 months of entering care—well above the national standard of 32%.
- Almost 5,100 domestic violence victims were sheltered in the past year.
- 52% of the delinquent youth served in the Division of Youth Corrections had no new charges for the 12 months after entering services. 72% had a reduced number of offenses.

The Department also measures the performance of divisions and programs on critical issues such as consumer satisfaction, consumer responsibility, staff management, service access and adherence to preferred practices. Highlights of these performance measures include:

- A majority of clients who were surveyed by the Divisions of Substance Abuse and Mental Health, Services for People with Disabilities, and Aging and Adult services reported satisfaction with Department services.
- Delinquent youth paid 83% of victim restitution monies (up from 74% in FY01) and completed 79% of community service hours.
- 96% of the children served by the Office of Recovery Services have had their paternity resolved.
- Medicaid collections have increased by 22% and Medicaid cost avoidance increased by 34% in the past year.
- 92% of DSPD provider agencies passed quality standards in the first review (up from 79% in FY01).
- The number of complaints to OCPO regarding DCFS services dropped from 670 to 578 in the past year—a 14% decrease.
- 79% of Department employees were satisfied with their employment in FY02. 10% of employees resigned the Department voluntarily – down from 13% in FY01.